THE SATURDAY EVENING POST

Founded Franklin

April '88 $1.95

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Premarriage AIDS video

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Dr. Ken Cooper on Controlling Cholesterol

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The Frugal Gourmet

Andy Rooney

The HEART MOBILE

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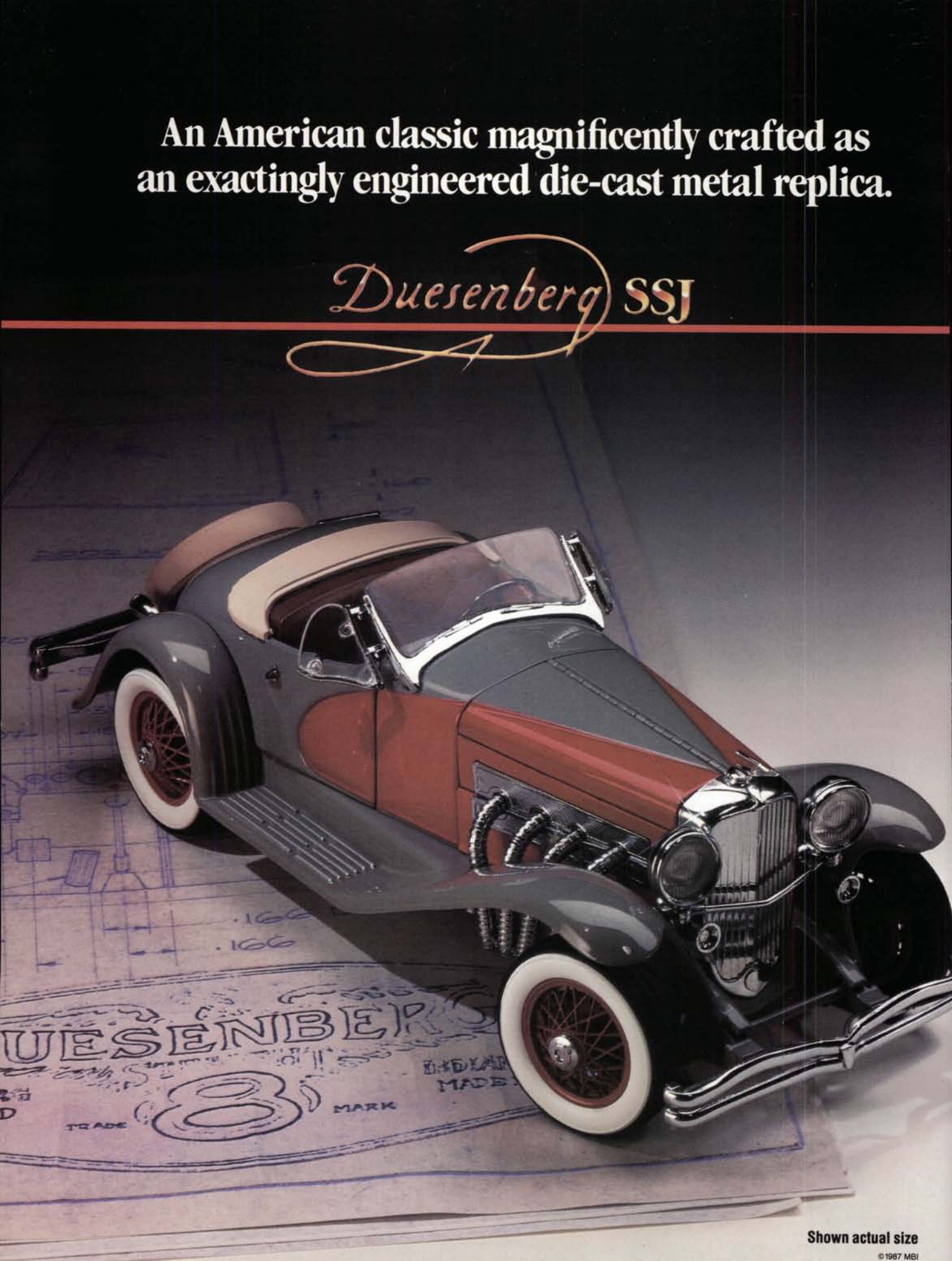
An American classic magnificently crafted as an exactingly engineered die-cast metal replica.

Duesenberg SSJ



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Your model includes a meticulously detailed miniature of the Duesenberg SSJ overhead cam, 32-valve engine. The finish of the car is painted and waxed by hand.

Steering wheel.
The seats and door panels are real leather. The pedals, controls and instrumentation are detailed. The doors and both sides of the hood open, and the steering wheel turns the front wheels.

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The Duesenberg SSJ...the most legendary of all classic cars...the fastest, best-handling and most opulent of all Duesenbergs. Only two were ever built, and both are virtually priceless.

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The Danbury Mint devoted over twelve months of painstaking research and development to recreate the Duesenberg SSJ in large 1:24 scale. The resulting model is so detailed, it is virtually impossible, when looking at a photograph, to tell whether it is of the model or the actual car. (Photos here are of the model.)

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[illegible] and perhaps most remarkable of all, [illegible] actually hand-waxed.

Surprisingly modest price.

The Duesenberg SSJ is the stuff of dreams—but the original issue price of this Duesenberg SSJ replica is only $88.50, payable in three monthly installments of just $29.50 each. This is an exclusive commission available only by direct subscription from the Danbury Mint; it is not available in any store.

Satisfaction guaranteed.

To reserve a Duesenberg SSJ in your name, you need send no money now. You will be billed in three convenient monthly installments, your first in advance of shipment. If you prefer, you may charge each monthly installment to your VISA or MasterCard account.

If you are not completely satisfied, for whatever reason, you may return your Duesenberg SSJ within 30 days of receipt for a prompt refund or replacement.

RESERVATION APPLICATION

Duesenberg SSJ

The Danbury Mint
47 Richards Avenue
Norwalk, Conn. 06857

Please return promptly

Please accept my reservation application to the Duesenberg SSJ. I need send no money now. I will pay for my Duesenberg SSJ replica as billed in three monthly installments of $29.50 each*, the first in advance of shipment.
My satisfaction is guaranteed. If I am not completely satisfied with my SSJ, I may return it within 30 days of receipt for prompt replacement or refund, whichever I wish.
**Plus $1.25 per installment for Shipping & Handling.*

Name _____
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Address _____

City/State _____ Zip _____

Check here if you want each monthly installment charged to your: ☐ MasterCard ☐ VISA

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Credit Card No. Expiration Date

Signature _____

Allow 8 to 12 weeks after payment for shipment. F200

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(Cover photo courtesy of NBC Photo)

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The names of characters used in all *Post* fiction and semifiction articles are fictitious. Any resemblance to a living person is a coincidence.

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LOVELIER LEGS IN MINUTES

Kretschmer Wheat Germ.

It can't promise you shapelier legs. But it can add natural vitamins, minerals and fiber—plus a nutty, crunchy texture—to your chicken.

That's because Kretschmer is the heart of the wheat—the storehouse of concentrated nutrition.

So add a little Kretschmer to your favorite coating recipe—for chicken, pork chops or fish. And see what its delicious crunch and great nutrition can do for you!

Kretschmer.
It's the Heart of the Wheat.

See jar for cooking with Kretschmer Ideas. © 1988 The Quaker Oats Co.

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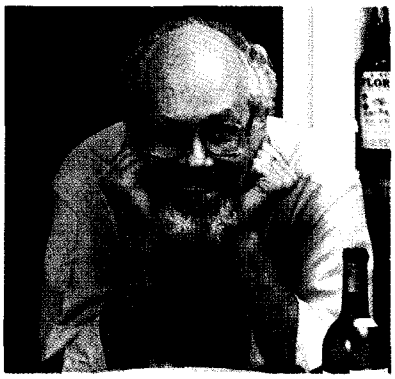
Sales Scams—have bilked motor-home buyers out of hundreds of thousands of dollars in recent years. **32**

When You Wed—make a vow to be tested for AIDS. Our Premarriage Counseling tape tells you why. **62**



Cooking with Wine—can bring out the fine flavor of foods and reduce your addiction to salt. **78**

Are You Getting Fat?—Andy Rooney offers clues on how to tell. **14**

Letters

Glad to Be Unhappy

For a moment, but only a moment, I was enraged.

I—a registered nurse, committee chairman of blood drives at my church, a monogamous heterosexual wife, and a non-drug user with an urge to "do something" concerning the severe blood shortages our nation faces—was deferred as a blood donor due to my blood having the hepatitis B core antibody from receiving the hepatitis B immune globulin.

How dare they? Wasn't I an excellent candidate for a blood donor?

Looking in the face of a child with eyes full of hope and faith and a zest for life I had not experienced before him, I found my answer. That face belonged to my nephew, a hemophiliac.

Until blood-donor screening tests can distinguish smaller microbes, like viruses, I will remain a voluntary deferred blood donor.

Thank you for the excellent article "The Corrupting of Factor VIII." My hat's off to Randy Shilts, Dr. Mary Guinan, Dr. Bruce Evatt, Dr. Jim Curran, Dr. Don Francis, and countless others.

Ila Wascom, R.N.
Walker, Louisiana

Of Service to In-Service

I have just previewed the videocassette on emphysema I purchased from *The Saturday Evening Post* and will use it as an in-service program.

I have a large number of employees who have a high-school education or less and know they will understand this presentation.

Please include my name on the mailing list for future programs as they become available.

Elsie S. Brumagim, R.N.
Newville, Pennsylvania

Testy Question

To: The American Red Cross

Yes. I would like info on AIDS. My main question is why can't they have AIDS testing centers or "set-ups" throughout the country, like they do for the blood mobile, free blood pressure checks, etc. I'm not in fear for myself, but there's many people who simply can't afford the test. I

continued on following page

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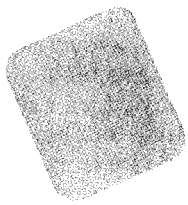
Did you almost forget to take your blood pressure medicine today?

When your doctor tells you that you have high blood pressure, he may also tell you that control of it starts with *never* forgetting to take your medicine.



Yet, of the 18 million people in the United States who are under treatment for hypertension, approximately 6 million *do* forget. And many more can't even remember if they did take their medicine.

If you are one of them, you undoubtedly have your reason. Perhaps it's because you travel a lot. Or you work different shifts, so you're either getting up when others are going to bed... or vice versa. Or you're raising teen-agers who occupy all your time and mind. Then again, you may have to take several medications, so you sometimes forget one.

Understandable! But not one of these excuses will ever help your health.

Today, however, science has found a way to help you remember. It's high blood pressure medicine you wear, for a week at a time. It comes in an adhesive patch that's easy to apply to your skin.

Like any medication, however, patch therapy is not for everyone. Ask your doctor about it. If he says yes and your body agrees, the patch can help you remember.

Ask your doctor about this form of medicine: you wear it...a week at a time.

Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT 06877

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live in Warsaw, and I was told the closest place to get tested was South Bend, plus the cost was $50-$75. That's ridiculous. I don't know if this is all true, and hopefully not, but I have never seen any information either posted, in the Warsaw paper, on the radio or TV, about where to go for testing, or anything. I don't understand this.

Anyway, thanks so much for your time, and for the free info on AIDS. I guess I should be writing this letter to the editorial department of the paper here to be published.

P.S. I'm a firm supporter of the American Red Cross. You guys do great work! Thanks again!

Maria Huffman
Warsaw, Indiana

The American Red Cross replies:
Dear Ms. Huffman:

Thanks for your support of the American Red Cross. It is nice to be told we are doing a great job.

In answer to your question about why mobile testing units cannot be set up, the answer in our case is simply that our main job is to draw blood and trying to test for the AIDS virus would tremendously complicate that effort. However, your feelings are shared by others—and at least one of them, Dr. Cory SerVaas, who is the editor of *The Saturday Evening Post*—is doing something about it. I am told that she has at least one such mobile van in use in the Indianapolis area. We have taken the liberty of sharing your letter with her.

You may also want to check with your local health department, as many are offering tests for the AIDS antibody, or call the Public Health Service AIDS Hotline (toll free) at (800) 342-2437.

Patrick F. Gilbo
Public Inquiry Center
American Red Cross

Cholesterol in Oysters

[Re: Jan./Feb. '88 "Heartbeat"] According to U.S. Department of Agriculture, oysters have more than three times the cholesterol chicken has and shrimp has twice as much.

You had better check your figures.

Elmer S. Greenwald
Weaverville, North Carolina

Finger Points to L-Lysine

I read with interest the article "Lysine for Fever Blisters" in the Jan./Feb. '88 issue.

For about eight years, I have had "herpes" on one of my fingers that was diagnosed as such by a doctor. A friend of mine recommended L-lysine, 500 mg a day which I have been taking since that time and as long as I take it, I am free from "herpes." One physician that I went to told me that lysine does not do anything for the "herpes" but if I thought it helped, take it. If I do go without it for a week or more, my finger begins to break down, so I make sure to take it every day. It also works wonders for "cold sores."

Arlene Tyson
Tupper Lake, New York

Editor's note: We're sending you a copy of a research paper authored by Dr. Richard Griffith of the Department of Medicine at Indiana University. It gives some very interesting results on a research project that he and his colleagues completed. In a double-blind study they found evidence that lysine with low arginine helped decrease herpes outbreaks. This article appeared in the October issue of Dermatologica, *Volume 175. You might want to show this to your doctor.*

Thank you for sharing your good fortune in finding a way to keep the herpes on your finger from recurring.

Credit Memo

I want to congratulate you on the most comprehensive review of the Teen Challenge Program ever seen in print [Dec. 1987]. I think it's a great credit to your company that you had the interest and courage to be candid about why the program works.

David Wark
Memphis, Tennessee

Tale of Intrigue

I have recently read the Jan./Feb. '88 edition of *The Saturday Evening Post* and was intrigued with what you are doing in mobile medicine, especially the "MAMMOBILE" and the "HEART MOBILE." I would be very interested in talking to you or reading more about them. Please send me any information that you can about these programs.

Thank you very much for any information.

Michael R. Moreland
Assistant Administrator
Nashville Memorial Hospital, Inc.
Madison, Tennessee

Addressing the Problem

Thank God for courage!

The Jan./Feb. '88 "Centerfold"—"Why be tested for the AIDS antibody"—great! Please send at least three more copies. One will be displayed in our pastor's office wall.

continued on following page

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"My husband makes chili good enough to bring tears to your eyes. I guess it has something to do with the *way* he cooks. There's usually more chili on the cooktop than there is in the pot. Sometimes I wonder if he uses one at all. But with our Whirlpool® appliances, I don't worry about it.

You cook, I'll clean up. My husband and I have a deal. If he cooks I'll clean up. And vice versa. With this smooth ceramic cooktop, I think cleaning is the easier job. Even on chili night. Spills can't run underneath the burners. And the edges around the cooktop keep messes from dripping over onto the sides or the floor. I just wipe the top clean.

Like father, like son. My 12-year-old spends more time in the kitchen than I do. Seems like every time he turns on the tube, he puts another TV dinner in our Whirlpool oven. Yesterday he forgot to take it out. By the time I found it, all the splatters and spills were baked on. My Whirlpool self-cleaning oven took care of it though, so I didn't have to.

Whirlpool will make it right, or they'll replace it free. Whirlpool promises I'll be satisfied with the quality and performance of my new appliances. Repairs, if needed, will be to my satisfaction...if not, Whirlpool will replace them free for up to a year.* That's part of their 100% Customer Commitment. And it's one more way Whirlpool makes my world a little easier."

Whirlpool
Home Appliances
Making your world a little easier.

*Retail purchases in the 50 states after June 1, 1987. Non-commercial use by original owner. Excludes range hoods. ©1988 Whirlpool Corp.

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Anyone, everyone, even those who at this time do not have any phase of AIDS, needs this advice for general good health.

If you know the address of "Mothers for AIDS" please let me know.

Lucile Sealander
Fayetteville, Arkansas

Editor's note: Sorry, we don't have the address for Mothers for AIDS. Deborah Loeb, whose husband died from AIDS, heads up the organization called SOFTAIDS (Sisters of Forgiveness—Together Against AIDS). Her address is: 123 Greenview Dr., Battle Ground, Indiana 47920.

Test Case

Could you please send me the name of a local alternative testing site in our area for the free AIDS testing.

We are contemplating pregnancy and I had a transfusion in July.

Mrs. James Johnson
Bethel Park, Pennsylvania

Editor's note: Here are two numbers to call at which qualified personnel can refer you to the site nearest you.

Department of Health
Office of Communicable Disease
Harrisburg, Pennsylvania
717-787-2959

Department of Public Health
Division of Disease Control
Philadelphia, Pennsylvania
215-686-1776

You are wise to have the test done before becoming pregnant. We know that it may take three to six months for a person's blood to develop the antibodies the test identifies. As a result, we will continue to see a very few people unknowingly donating contaminated blood.

Not in Control

Your magazine's survey and findings about anal intercourse and its practice to prevent pregnancy interested me. I am just a layperson with no scientific background, but I have been wondering if the spread of AIDS among heterosexuals is related to this method of birth control.

Margaret Q. Wehinger
Oakland, California

Liftoff!

Thanks for your good article on the Pope. I enjoy reading uplifting stories about people of every faith!

Ellen Snoddy
Omaha, Nebraska

Lauding Lysine

Our daughter, 39, has been battling the Epstein-Barr virus for over a year, and the doctors really don't seem to know what to do for or about it. We have recently heard of a sufferer who has been using the L-lysine tablets under her doctor's supervision and has had very good results with a diminishing of the fatigue and weakness that accompanies this illness.

Mrs. LeRoy E. Buuck
Fort Wayne, Indiana

Having suffered with cold sores for years, I have been most grateful for the information I learned about L-lysine in *The Saturday Evening Post* letters. Every time I know of a neighbor or friend who has shingles, or a cold sore, I have passed along my *SEP*s. I needed a copy just recently and there hasn't been anything about L-lysine for a couple of issues. Would you please comment again about L-lysine for herpes infections? I have a very skeptical friend I would like to show it to.

Peg E. Bupp
North Versailles, Pennsylvania

Editor's note: See other lysine letters in this column.

"Sitz Marvelous"

I enjoy reading your reader's comments and your response. I just like your magazine, period.

For several years we used a product by the name of "Soy Sitz." It came in packaged envelopes in a box. You put an envelope of the Soy Sitz in a tub and soaked in it. It was wonderful in helping the healing process and for stopping itching and burning. It was excellent for eczema and poison oak. I can no longer find it. Could you help me find this product and where it can be purchased? Thank you and keep up the good work.

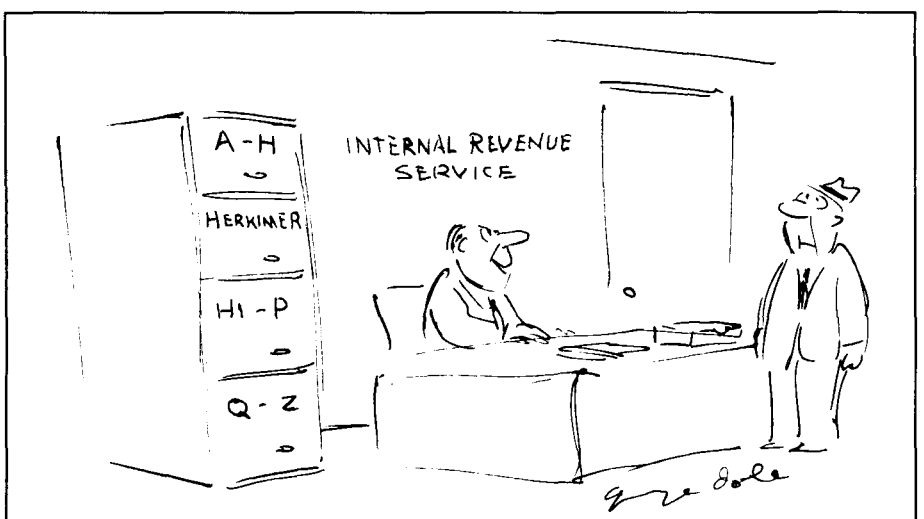
Helen Wiese
Merlin, Oregon

Editor's note: Perhaps one of our readers will have some information on "Soy Sitz."

Wry Comment

I am an agriculturalist and plant breeder with a strong interest in triticale (wheat and rye hybrid). I assume you are aware of its nutritional attributes. I would like to participate in having this crop make a nutritional contribution to humanity. Any documented nutritional information, in the form of literature references that you can send or refer to me, would be appreciated.

My endeavors involve breeding and selection for yield with minor emphasis on selection for protein and amino acid relationships. If the nutritional aspects of this crop could be emphasized to create a demand in the marketplace, then my selection emphasis could be more nutritionally oriented.



"Have a seat, Mr. Herkimer, and I'll get your file."

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The Officially Authorized Model Of America's Greatest Luxury Car

Handcrafted of 136 separate parts. Hand-assembled, hand-polished and sent to you ready for display.

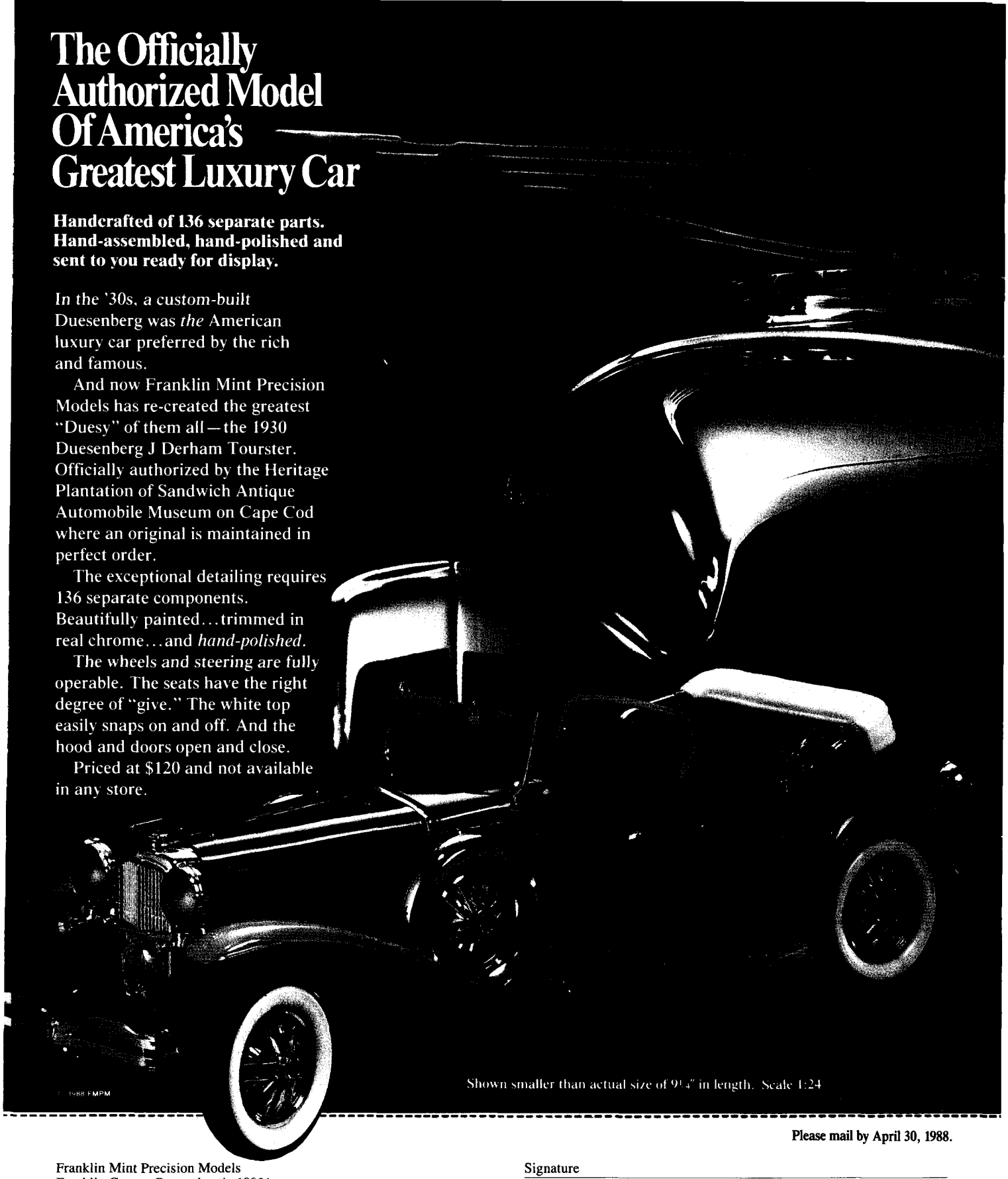
In the '30s, a custom-built Duesenberg was *the* American luxury car preferred by the rich and famous.

And now Franklin Mint Precision Models has re-created the greatest "Duesy" of them all—the 1930 Duesenberg J Derham Tourster. Officially authorized by the Heritage Plantation of Sandwich Antique Automobile Museum on Cape Cod where an original is maintained in perfect order.

The exceptional detailing requires 136 separate components. Beautifully painted...trimmed in real chrome...and *hand-polished.*

The wheels and steering are fully operable. The seats have the right degree of "give." The white top easily snaps on and off. And the hood and doors open and close.

Priced at $120 and not available in any store.



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Shown smaller than actual size of 9¼" in length. Scale 1:24

Please mail by April 30, 1988.

Franklin Mint Precision Models
Franklin Center, Pennsylvania 19091

Send me the 1930 Duesenberg J Derham Tourster, crafted of die-cast metal components, fully assembled and ready for display. I need send no money now. Prior to shipment of my imported die-cast model, I will be billed for a deposit of $30.* and, after shipment, for the balance in three equal monthly installments of $30.* each. **Plus my state sales tax.*

Signature _____
ALL ORDERS ARE SUBJECT TO ACCEPTANCE.

Name _____
PLEASE PRINT CLEARLY

Address _____

City, State, Zip _____

85869-38

THE 1930 DUESENBERG J DERHAM TOURSTER

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Thank you for your interest and I look forward to any information you can send.

Dr. Robert W. Matchett
Zamora, California

Past *Post* Points

I've just finished reading my December issue of the *Post* and have enjoyed it very much, especially the article about Christmas in Lake Wobegon. I really do enjoy reading Garrison Keillor now that he is no longer on television [*sic*].

After reading your "Letters" I too would like a copy of the article of the "Confessions of a Choir Director." Let me know how much to send you for the copy.

I also agree with the lady who wrote that she was sick of hearing about AIDS. I too think it's being "overdone."

Elizabeth Smith
Hayden, Colorado

Bran New Idea

I am a healthy 90-year-old "triathlete." I still ride a bike (to exercise on beach). We exercise every day at 9 a.m. for 1½ hours. I do first half-swim every day—1,000 strokes—and play duplicate bridge "for my brain."

Love your magazine. My husband, Major Bruce MacArthur, bought it every Wednesday in the '30s for 15¢ and told me he read every word. Now I have just renewed my subscription and received "oat bran," which is my favorite cereal. I had been using oatmeal (all my life) and lately I put unprocessed bran and wheat germ in it, so I have been getting the same thing.

I have written to "Post Company" about the package of Grape-Nuts and now I find Oat Bran is the same way —no inner lining of the box. The only cereal that way. Will you please do something about it? I am writing to the Quaker Oats Bran Company now. Thank you.

Mildred E. MacArthur
Honolulu, Hawaii

Quest from the West

I am writing to you about an article in the *Post*, Jan./Feb. 1987, which I discovered while in my local beauty shop. It was written by Cory SerVaas, M.D.

I would like to learn more about combining estrogen and progesterone. When I asked my doctor he gave me a prescription for progesterone in the suppository form and said that that was the only way it came.

This seems a little strange, especially if you are away from home. Is there any way I could write to her about my problems?

Dorothy L. Adcock
Hesperia, California

Editor's note: We're enclosing a copy of an article by Dr. SerVaas and another by Dr. Howard Fillit, of Rockefeller University in New York City. We suggest that you write to him for further information on this subject, for he is actively researching the estrogen patch used in conjunction with progesterone. The patch is produced by CIBA-GEIGY.

Clothes Line

We subscribe to your wonderful magazine and in the November issue on page 84 I read about incontinence. My father, 81 years old, had that transurethral prostate (reaming out) last November. For three months after he was pretty good. Now he says he can't make it to bathroom. He is wet most of the time. It is very distressing. Please let me know what we can do.

None of the others pay much attention and they don't seem interested in helping older people. They gave him a lot of drugs that made him very sleepy. Nothing has helped so far. He is in very good health physically, otherwise. He eats a very good diet, and I give him all the right vitamins and minerals. So far no help.

Please send me the book *Managing Incontinence*, edited by Cheryle Gartley (for men). I cannot find that book anywhere here.

Also, is there some kind of new diaper for me? Please advise me and let me know what the charge is. I'll mail you a check. Thank you.

Is there some kind of surgery that can correct this awful problem?

I can't stand this anymore. He can't even wear his good clothes. He can only wear wash-and-wear stuff. Please help us. We can't find help anywhere else.

Name Withheld by Editor
Farmington, Connecticut

Editor's note: The book you couldn't find can be obtained for members of the Society at a 15 percent discount ($12.95 for nonmembers, $11.00 for Society members).

Of course, incontinence is a nuisance, but join the club. If misery loves company, you have plenty of it. There are an estimated 25 million of your fellow countrymen who have some degree of incontinence. The book shows some mechanical devices for men which may be of interest to you.

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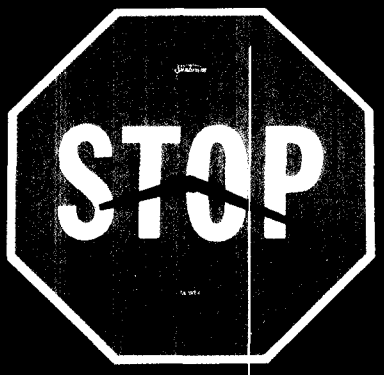
Time of the Signs

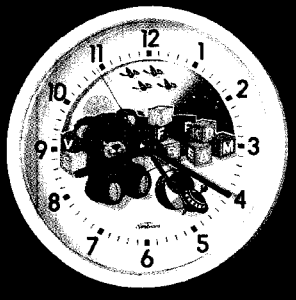
For Children of All Ages!

Men Working

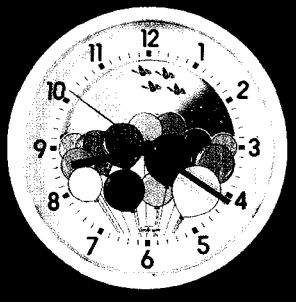


Stop Sign

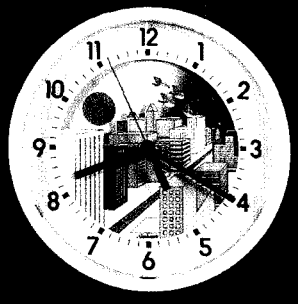
Dead End



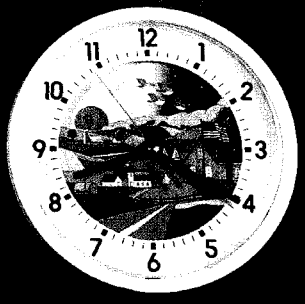
Teddy Bear



Balloons



City Scene



Country Scene

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_____City Scene

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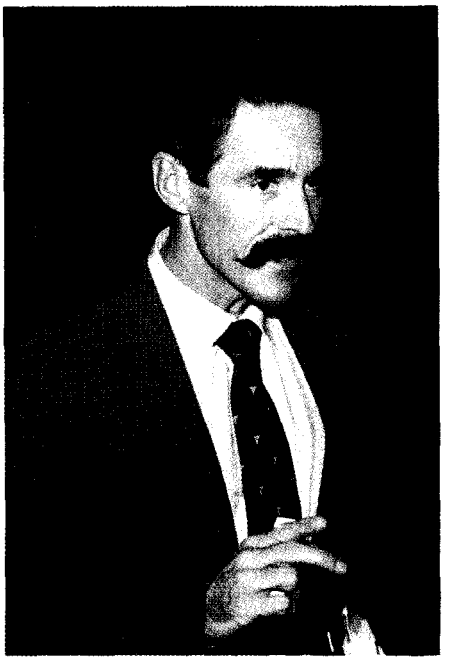
Post People



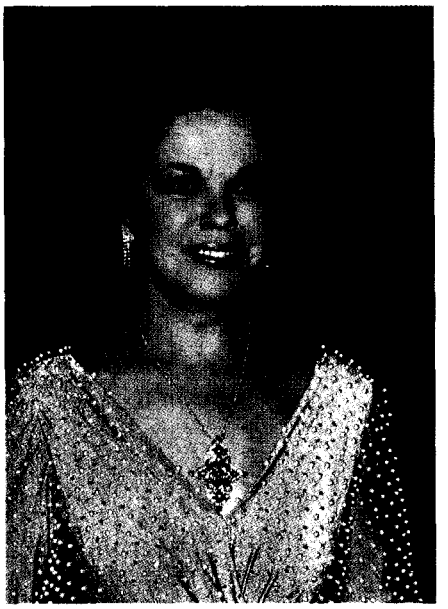
The spirit of Paul Revere is alive and well, as demonstrated by ***Dr. John C. Lewin,*** the director of health for Hawaii, who left the islands' balmy climes to ride into Washington, D.C. His mission—to deliver his own warning about AIDS to policymakers and to show them his own hands-on action for doing something about it. That action is a van to travel about the islands helping infected persons find out they are infected so they can be treated.

He has found an alarming number of individuals infected with a rare (in the United States) strain of virus, HTLV-I. (As you will recall, AIDS was called HTLV-III before it was renamed HIV.) Dr. Lewin fears the incidence of those who will get leukemia or lymphoma years after inoculation may approach 1 in 500 instead of 1 in 1,500, as currently estimated by some health officials. Because HTLV-I, like AIDS, is a sexually transmitted problem, its spread can be prevented, "but not if you don't know you have it" is his message, loud and clear.

*

Most autobiographies encapsulate the entire life of the author. Not so in the case of ***Shirley Temple Black***, whose career began at age three, and who had won a special miniature Oscar by the time she had reached the ripe old age of six. Her current life story focuses on those years, when her name was up in lights as the child star of such film classics as *Rebecca of Sunnybrook Farm, Little Miss Marker,* and others.

"I wrote 900 pages and I only got up to age 22," the 59-year-old former diplomat says. "I'll have to write the rest in another book" (or two?).

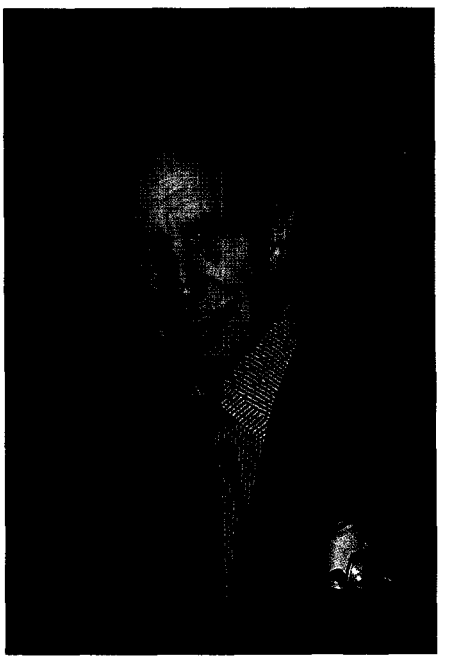


Most viewers of "Beauty and the Beast," CBS' contemporary fable filled with action and romance, will have no trouble identifying ***Linda Hamilton*** as the "beauty." She stars as Catherine Chandler, the strong-willed, crime-fighting attorney. Linda, however, is not without competition. Marriage proposals and hundreds of chaste letters by female viewers attest to the beauty of Vincent, the powerful man-beast, played by Ron Perlman, who becomes Catherine's soul mate and protector.

Unknowingly, Linda Hamilton began preparing as a child for this enviable role by working with children's theater groups. Then she starred opposite Arnold Schwarzenegger in *The Terminator.* Oh, yes, that also was Linda you saw in *Black Moon Rising, Children of the Corn,* and four episodes of "Hill Street Blues."

*

Vincent Price has never portrayed "a legend in his own time." He doesn't have to. He is one. The definitive word, says this versatile 76-year-old chill master, is "survival." The actor may be referring to his stint at Yale University, his art studies in London, his work in Orson Welles' Mercury Theatre, or perhaps his being cloaked in mystery for the first time in the 3-D thriller *The House of Wax.*



Today, of course, whenever a role calls for a sinister aura, producers call first for Vincent Price. If he doesn't respond, it may be that he's lending his voice to a hit album, as in Michael Jackson's *Thriller* . . . or taping an introduction to a PBS "Mystery" thriller . . . or he's up to here in commercials . . . or already involved in a movie (*The Whales of August* was his most recent) . . . or—but who can keep tabs?

Offscreen, Vincent Price plays himself—a gentle, cultured man. And that part is no mystery.

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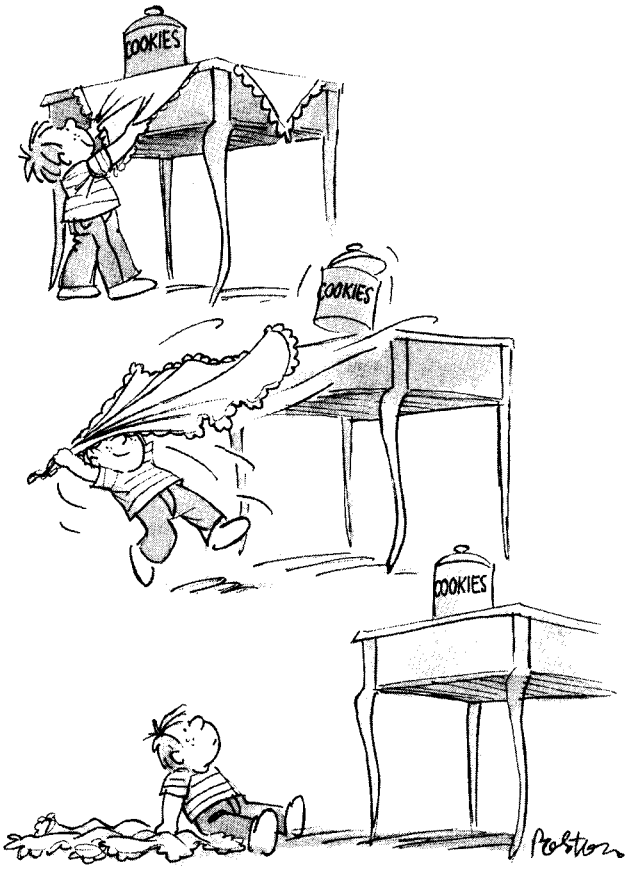
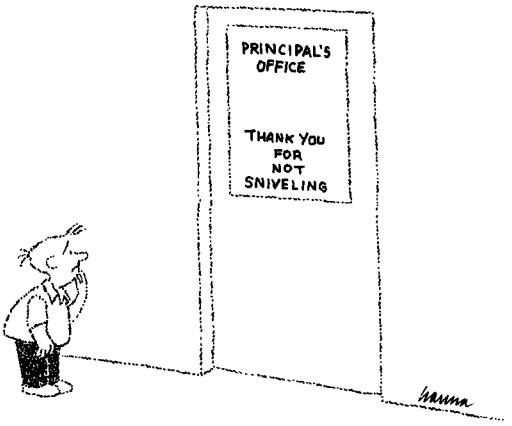
NO KIDDING



"According to this, you are well-adjusted, properly motivated, cooperative, considerate, and flunking!"



"This time, you put on their coats, and I'll go honk the horn."

"Could I have a word with you?"

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HIP, HIP, BUT NO HOORAY

Fat can sneak up on its victims in a number of subtle ways—and places.

by Andy Rooney

Illustrated by Marcus Hamilton

You know you've gained weight if:

• The steering wheel seems closer to you than it used to.

• Extra Large is a little small.

• The buckle mark on your belt has moved several holes closer to the end.

• You hardly ever wear a suit you used to like because it doesn't seem as comfortable anymore.

• You wear a solid color, usually dark blue, if you're going anyplace important.

• When you buy anything with stripes, the stripes go up and down, not around.

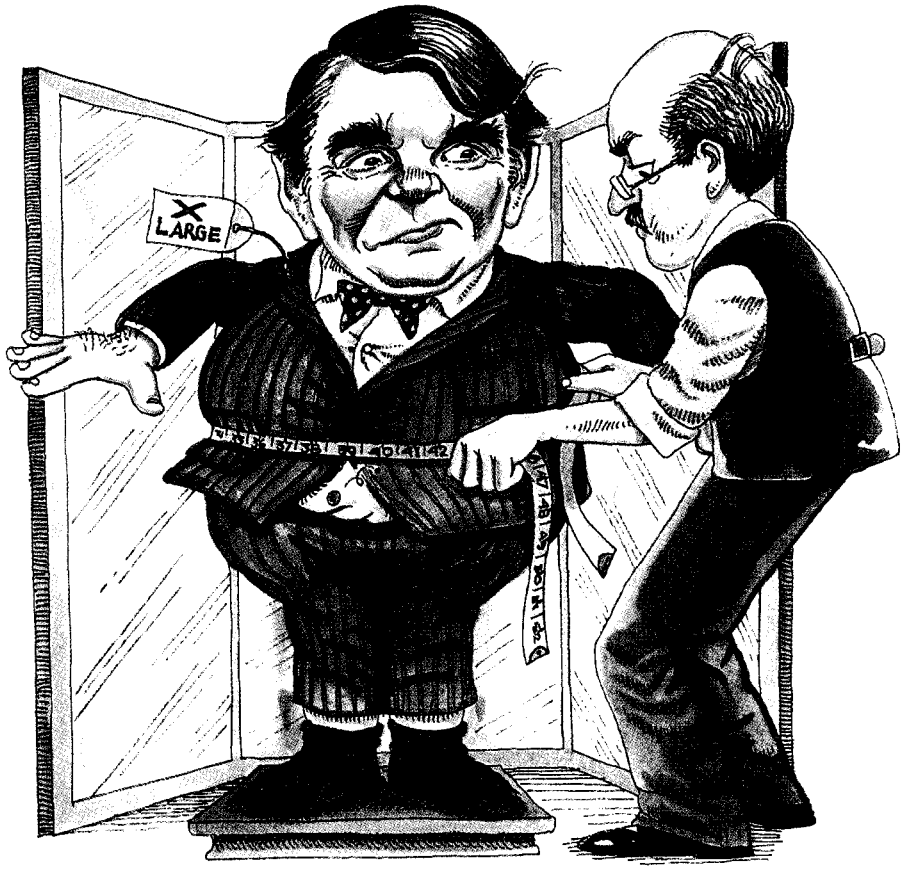
• Your toes seem to hit the front of your shoes more than they used to.

• It doesn't seem to matter if you have one more dish of ice cream today as long as you're going to start losing weight tomorrow.

• You'd just as soon not have your picture taken. You aren't interested in looking at old ones of yourself, either.

• The aisles in the supermarket are narrower than they used to be.

• You don't weigh yourself every morning anymore.



• It seems as though they don't sew buttons on as well as they used to.

• You're wearing your hair longer to make your face look thinner.

• Thin people make you sick.

• You really shouldn't have another . . . but you always do.

• The mattress needs turning more often.

• You fold your arms or hold something like a newspaper on your lap when you're seated, talking to someone, so they won't notice your stomach.

• You wait for the next elevator instead of squeezing on one that's full.

• You're nervous about putting something new in the washing machine for fear it will shrink.

• Airline seats are a lot smaller than they used to be.

• They don't seem to be putting as good glass in mirrors as they used to.

• You meet people you never liked from your class in high school and they say, "Gosh, I never would have recognized you!"

• You have to turn sideways to walk between two cars in the parking lot at the mall.

• You never wear a sweater tucked into your pants anymore.

• The bus seems more crowded.

• When you're eating and something falls off your fork, it no longer lands on the floor because it hits your tie on the way down.

• Your best friend stops and looks at you one day and says, "Boy. Are you fat!"

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...I have lost 20 pounds in about 3 months effortlessly, I did not diet or increase my exercise. I'd like to say it was hard work, but it wasn't. No more low blood sugar, no more headaches . I really like the products...*Kathy - Irving, Texas*

...I have lost a total of 38 pounds in 2½ months. I used to sell Herbalife and I found your products very effective. I eat sensible and treat myself to whatever I want once a week...*Vanessa - Omaha, Nebraska*

...The first thing I noticed when I started the Geri Hi, Dolomite and LPP is more energy. My nails are stronger and I have lost inches off my hips, waist, arms and thighs. Plus I am not retaining as much water during my cycle...*Tina - Elgin, Illinois*

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VETS ON PETS

FOR PETS' EARS ONLY

Don't let your pet's most important learning sense go to the dogs; keep an eye open for problems that can affect its hearing.

by H. Ellen Whiteley, D.V.M.

If we humans had the hearing capabilities of dogs, what a whole new world it would be! Man can hear high-frequency sounds in the range of 20,000 cycles per second; a dog's range is more like 34,000 cycles per second.

Some years ago, Dr. Dare Miller, a Beverly Hills animal behaviorist, developed a method for training dogs that relies on their ability to perceive extremely high frequencies. His invention was simply a chain that sends out a sound of 34,200 cycles per second when shaken. Most dogs hear the chain only subliminally. Its effect is to interrupt the dog's thinking—whether the dog be relaxing on the rug or digging up a flower bed—and cause it to prick up its ears and listen. Dr. Miller uses the chain to reinforce the teaching of appropriate behaviors, as well as such commands as come, sit, heel, and stay.

Hearing is believing for dogs, who are most likely to take note of and react (often predictably) to extremely high-frequency pitches.

"Hearing is by far a dog's keenest learning sense, without doubt, the fastest route to his mind," Dr. Miller says. If, however, a dog has hearing problems, training as well as mere communication may be jeopardized.

Certain dog species are prone to inherited deafness. Among them are Dalmatians, bull terriers, cocker spaniels, Sealyham terriers, Scottish terriers, Border collies, and fox terriers. Other breeds, notably retrievers, spaniels, and hounds, have an abnormal susceptibility to ear infections because their long ears prevent evaporation of moisture from the ear canals. Poodles and other breeds whose hair grows inside the ear canals may develop infections when moisture is trapped in a plug of hair and ear wax. All dogs are prone to infections from foreign objects, particularly foxtail grass awns in the Southwest, and ear mites that can enter and inflame the ear canals.

If you see your dog tilting or shaking its head constantly, ear infection may be the problem. An infected ear may also give off a detectable odor.

To prevent ear damage from infection, check your pet's ears regularly. Several good commercial products are available for cleaning and dissolving ear wax and for drying a pet's ear canals. However, owners should take care not to push wax and debris from the vertical canal into the horizontal canal that leads to the eardrum. It's usually best to take the animal to a veterinarian for ear cleaning; a thorough job may require sedation. Laboratory evaluation of debris from the ears can tell your veterinarian what type of infection may be present.

Hearing loss in dogs may also be caused by tumors, injuries, and damage from certain antibiotics.

Until recently, little could be done to help dogs with severe hearing impairments; however, Dr. Patricia J. Luttgen of the College of Veterinary Medicine at Texas A&M University has been experimenting with canine hearing aids. She has fitted several hearing-impaired dogs with a foam-enveloped device inserted into the vertical ear canal. The problem, she says, is getting the dog accustomed to the hearing aid. Dogs are trained to wear the aid for short periods as the volume is gradually increased. "Dogs with large, thick matted ears, such as cocker spaniels, have more problems wearing the aid because of sound interference," Dr. Luttgen says. She notes that not every deaf dog can be helped by a hearing aid. "In most cases," she says, "it is the dog suffering from conduction deafness rather than nerve damage that will benefit."

The exam and hearing evaluation cost $60 to $80. The hearing aid is $265 plus tax.

Questions for the Vet

Dear Dr. Whiteley,

My cat Stubby was chasing his brother Alley Op across the fireplace mantel when Stubby lost his balance

continued on page 111

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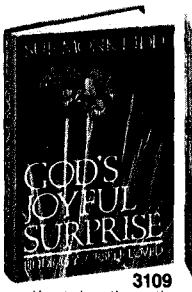

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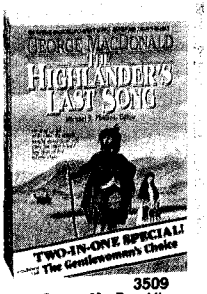

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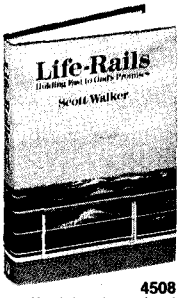

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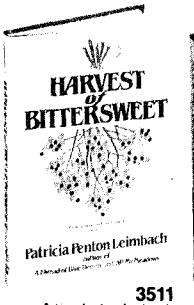

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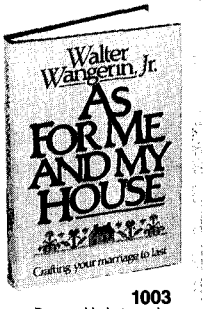

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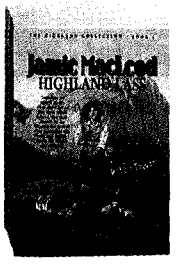

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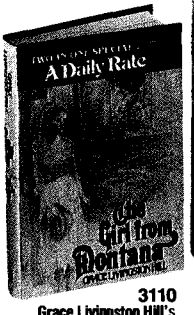

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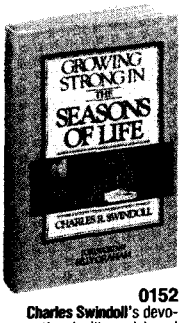

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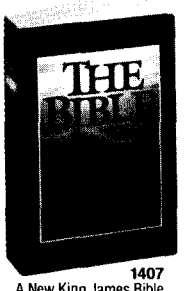

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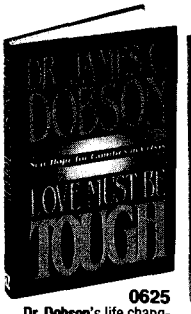

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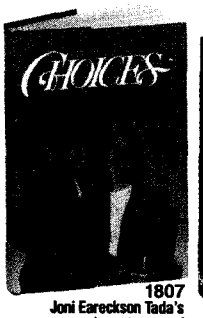

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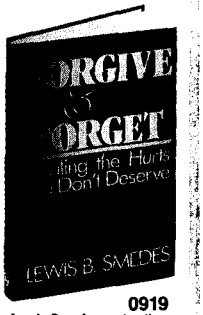

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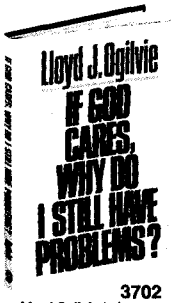

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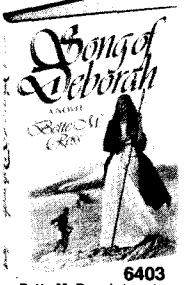

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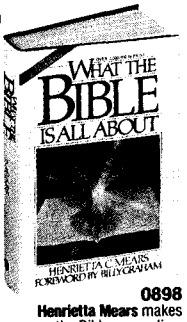

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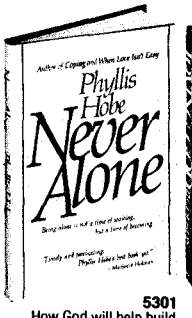

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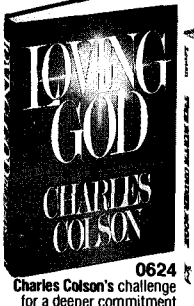

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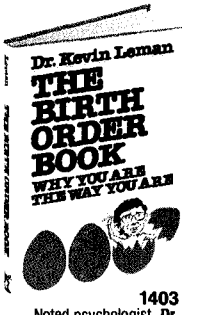

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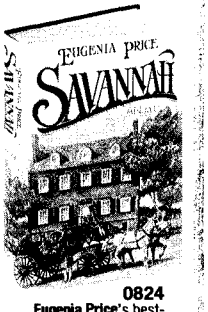

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FOOD

TAKE A LOOK AT LAMB

After lagging behind in the list of America's favorite entrées, lamb is coming back to the fold cooked in some delicious new ways.

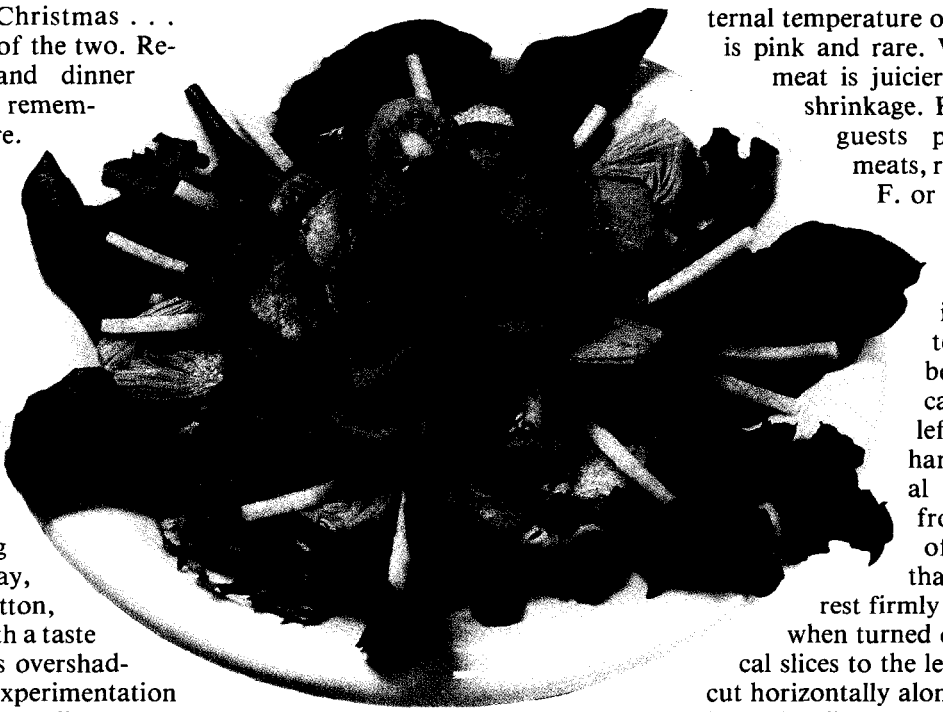
by Patrick Perry

Does your holiday menu read like a word-association test? Thanksgiving . . . turkey. Christmas . . . ham. Easter . . . one of the two. Recall the occasion, and dinner guests all too quickly remember the familiar fare. Cross up predictions at the next get-together. Shove the same-old, same-old to the side and consider fresh alternatives.

Why not lamb? For years, lamb has been conspicuously absent from the American menu and has suffered bad press for little reason. Lingering memories of a gray, gravy-laden leg of mutton, sitting in heavy fat, with a taste simply too strong, has overshadowed thoughts of experimentation for many people. In reality, most American consumers know little about lamb—how to properly select, prepare, and present the extraordinary entrée.

Let's take a fresh look at lamb by reviewing some basics. When you approach the meat counter, ask the butcher for only *genuine* or *spring* lamb—a lamb younger than one year old. Top-quality lamb meat in the United States comes from a young animal. If in doubt, look for the purple certificate of grade stamped right on the fat—USDA choice or USDA prime. The choicest cuts of lamb are the legs, the saddle, and the loins. Look closely at the meat. Make sure it is pink-red, fine-grained, and velvety. Dark red meat signifies an older lamb, which has a flavor a bit too strong for the typical American palate. When shopping for a top-quality leg of lamb, look for a well-rounded and well-muscled leg. The outside layer of fat should be firm and creamy white.

Grilled Lamb Salad with Artichoke, Jícama, and Chayote



One highly prized source of lamb meat is New Zealand. A point of national pride, New Zealand spring lambs are nurtured on the lush highland grasses until four to six months old. Whatever secret the New Zealanders are keeping, their spring lamb has a unique, succulent flavor and aroma. Check with your local butcher to find out if the delicacy is available in your area.

Whatever the cut, follow the directions carefully and use a thermometer for best results when roasting lamb. Insert the thermometer so that the tip is in the center of the thickest part of the lamb and does not touch bone or rest in fat. Roast in the oven at 325° F. Cook to the desired degree of doneness. Lamb roasted to an internal temperature of 125° to 130° F. is pink and rare. When rare, lamb meat is juicier and suffers less shrinkage. But if family and guests prefer well-done meats, roast lamb to 140° F. or medium rare.

To carve a leg of lamb, place the roast on a carving board or platter with the shank bone facing the carver's right (or left, if he is left-handed). Cut several lengthwise slices from the slim side of the roast, so that the roast will rest firmly on the sliced side when turned over. Make vertical slices to the leg bone, and then cut horizontally along the bone to release the slices.

Armed with the basics, let's move on to the advanced course: the recipes. Compliments of the New Zealand Spring Lamb Company, the exquisite entrées below require a little planning, but the results make all efforts worthwhile. Most lamb requires hours or even overnight to soak up all the delicate spices and flavors. Whether grilled, broiled, or roasted, these creations celebrate the best that is lamb.

Grilled Lamb Salad with Artichoke, Jícama, and Chayote tops the charts for a departure from the ordinary with flavorful flair. This culinary coup arrives compliments of the master chef Brendan Walsh from one of New York's finest restaurants, Arizona 206. Begin by marinating the

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lamb overnight in a dressing of peppery vinegar, olive oil with garlic, and lime juice. The next day, remove the lamb from the refrigerator and grill until it is medium rare. Serve the elegant entrée on a bed of jícama and greens.

Topping the charts for ease in preparation and taste, Dilly New Zealand Lamb Loin Chops makes a mouthwatering meal a lasting memory. In a marinade of onion, dill, lemon juice, yogurt, and garlic, soak the chops overnight, turning occasionally. Broil chops six to eight minutes on each side, brushing with marinade, then present the entrée garnished with fresh dill.

Shish kebabs are said to have originated in Turkey. Cubes of meat were threaded onto swords and cooked over a fire. The term comes from the Turkish words "shish" for skewer and "kebap" for roast meat. Savory New Zealand Lamb Kabobs call for skewered cubes of marinated lamb and fresh vegetables to offer a light and lean main-dish entrée.

Grilled Lamb Salad with Artichoke, Jícama, and Chayote
(Makes 6 servings)

Dressing:
¼-½ cup serrano or jalapeño-pepper vinegar
1½ cups olive oil, infused with garlic and rosemary
1-2 tablespoons fresh lime juice
Kosher salt, if desired, and freshly ground black pepper

12 ounces wild mixed greens or mixed baby lettuce
1 pound, 2 ounces New Zealand spring lamb, grilled, cut into batons ½" wide and 2" long
Olive oil
Salt, if desired, and pepper
Rosemary
1 chayote, sliced crosswise with seed pieces removed
1 medium jícama, peeled and cut in very fine julienne
6 roasted red bliss potatoes
18 baby artichokes
18-24 Gaeta or Nicoise olives
12 strips each roasted red, yellow, and poblano pepper, cut ½" wide and 2-3" long

Make dressing and set aside. Wash greens and refrigerate.

Lamb used in this recipe has been portioned into muscles from the leg and then marinated overnight with olive oil, salt, pepper, and fresh rosemary. It is grilled medium rare.

Toss sliced chayote in olive oil, salt, and pepper, and grill carefully to avoid burning.

Toss greens in ¼ cup of dressing and arrange on 6 plates. Divide jícama evenly among plates; spread jícama in a circle from center. Toss remaining ingredients and dressing together, divide evenly among plates, and arrange items attractively on jícama and greens.

For the curious gourmet, Herb-Smothered Boneless Leg of New Zealand Spring Lamb is an exercise in culinary creativity.

Dilly New Zealand Lamb Loin Chops
(Makes 4 servings)

1 medium-size onion, finely chopped
1½ tablespoons dried dill weed
1 tablespoon lemon juice
½ teaspoon salt, if desired
¼ teaspoon pepper
1 cup plain yogurt
1 clove garlic, finely chopped
8 frozen New Zealand lamb loin chops, thawed
Fresh dill

In large bowl, combine onion, dill, lemon juice, salt, pepper, yogurt, and garlic; blend well. Place chops in marinade; cover. Refrigerate overnight, turning occasionally. Place New Zealand lamb loin chops on rack in broiler pan. Broil chops 6-8 minutes on each side, or until at desired degree of doneness; brush frequently with reserved marinade. Garnish with fresh dill; serve with remaining marinade.

Savory New Zealand Lamb Kabobs
(Makes 4 servings)

½ cup peanut oil
½ cup red wine
2 bay leaves, crushed
¼ cup chopped parsley
1 tablespoon red-wine vinegar
2 cloves garlic, finely chopped
½ teaspoon pepper
¼ teaspoon ground allspice
1 pound frozen boned leg of New Zealand lamb, cut into 1½" cubes, thawed
1 small eggplant, cut into 1" cubes
1 small yellow squash, cut into ½" slices
1 small green pepper, seeded and cut into 1" pieces
4 cherry tomatoes
4 small onions
4 large mushrooms

In large bowl, combine oil, wine, bay leaves, parsley, vinegar, garlic, pepper, and allspice; add New Zealand lamb. Cover; refrigerate overnight, turning lamb occasionally.

Alternate marinated New Zealand lamb and vegetables on skewers. Broil about 3" from source of heat, turning frequently to cook on all sides. Continue to brush New Zealand lamb kabobs with remaining marinade.

Herb-Smothered Boneless Leg of New Zealand Spring Lamb with Whole Baked Garlic and Croutons
(Makes 6 servings)

Marinade:
1¼ cups Beaujolais or other light-bodied red wine
¼ cup olive oil
½ cup coarsely chopped onion
½ cup coarsely chopped parsley leaves and stems
4 cloves garlic, crushed

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4 sprigs fresh thyme, coarsely chopped
Leaves from 1 branch fresh rosemary
1 bay leaf, crumbled
¼ teaspoon freshly ground black pepper

3 pounds boneless leg of New Zealand spring lamb
Salt, if desired, and pepper to taste
1 large bunch fresh thyme
6 branches fresh rosemary
10 large bay leaves
2 large heads garlic
¼ cup olive oil
Croutons
12 ½"-thick slices French or Italian bread

Combine marinade ingredients in noncorrodible bowl just large enough to hold lamb. Add lamb and turn to coat on all sides with marinade. Cover bowl and let lamb marinate at room temperature 3 hours. (Lamb may be marinated 6-12 hours in refrigerator but must be brought back to room temperature before roasting.) Turn lamb once, halfway through marinating time.

Remove lamb from marinade and pat dry with paper towel. Remove meshed casing from lamb and rub meat all over with salt and pepper to taste. Tie lamb with string at 2" intervals and lay thyme, rosemary, and bay leaves along length of lamb on all sides, tucking under string to secure them. Set lamb, fat side up, in roasting pan.

Remove thick outer skin from garlic heads, letting thin skin covering cloves remain, leaving heads whole. Brush with some olive oil and add to roasting pan.

Place pan in preheated 450° F. oven and immediately reduce heat to 350° F. Cook 20 minutes per pound for rare (125°-130° F. on instant-read meat thermometer), 25 minutes per pound for medium-rare (135°-140° F.). Baste garlic with pan juices every 20 minutes.

When lamb is done, transfer it, with garlic, to platter and cover loosely with foil.

Prepare croutons while lamb rests. Increase oven heat to 450° F. Beat 1 tablespoon of pan juices with olive oil and brush bread slices on all sides. Place on baking sheet and bake about 5 minutes, or until golden brown on all sides. Set aside.

When lamb has rested 20 minutes, separate garlic heads into sections. Present lamb on platter, surrounded with croutons and garlic. To carve, remove strings and herbs, cut lamb into ½"-thick slices. Give each diner 2 croutons and several garlic cloves to be squeezed over croutons.

Roasted Rack of New Zealand Lamb with Mustard Herb Crust
(Makes 4 servings)

2 racks of frozen New Zealand lamb, ¾ to 1 pound each, thawed
¼ cup Dijon-style mustard
1 teaspoon salt, if desired
½ teaspoon pepper
1 teaspoon crumbled dried rosemary
½ cup packaged dry bread crumbs
¼ cup chopped parsley
2 cloves garlic, chopped
3 tablespoons olive oil

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Spread New Zealand lamb with mustard. Sprinkle with salt, pepper, and rosemary; press into lamb. Combine crumbs, parsley, garlic; press firmly into lamb. Place racks on broiling rack in shallow pan. Pour oil over lamb.

Bake New Zealand lamb in 325° F. oven 45 minutes-1 hour or until at desired degree of doneness.

Zesty Provençal Shoulder of New Zealand Lamb Chops
(Makes 8 servings)

2 tablespoons vegetable oil
1 clove garlic, finely chopped
1 medium-size onion, chopped
½ pound sliced mushrooms
1 green pepper, halved, seeded, and coarsely chopped
6 medium tomatoes, peeled, seeded, and chopped
¼ cup chopped parsley
1 bay leaf
¼ teaspoon fennel seeds
¼ teaspoon crumbled leaf basil
¼ teaspoon crumbled coriander
¼ teaspoon salt, if desired
¼ teaspoon pepper
8 frozen New Zealand lamb shoulder chops, thawed

In large saucepan heat 1 tablespoon oil. Sauté garlic, onion, mushrooms, and green pepper just until tender. Add tomatoes, parsley, bay leaf, fennel seeds, basil, coriander, salt, and pepper. Cover; simmer on medium heat 15 minutes. Remove cover; increase heat and cook 15 minutes, stirring frequently. Set aside.

In large skillet, heat remaining 1 tablespoon oil. Brown New Zealand lamb chops on both sides. Cook over medium heat, uncovered, 20 minutes, or until lamb chops are slightly pink in center. Add sauce; cook 5 minutes.

Mexican-Style Leg of New Zealand Lamb
(Makes 6 servings)

1 frozen leg of New Zealand lamb, thawed, boned, and butterflied
2 cloves garlic, crushed
1 tablespoon leaf oregano
⅓ teaspoon ground cumin
½ teaspoon salt, if desired
1 tablespoon chili powder
2 tablespoons wine vinegar
3 tablespoons olive oil

With sharp knife, trim excess fat from leg of New Zealand lamb. With tip of knife, cut small slits in lamb in several places. Combine crushed garlic, oregano, cumin, salt, and chili powder to make paste. Fill slits in lamb with paste. Place leg of New Zealand lamb, fat side up, on rack in shallow roasting pan. Pour vinegar and oil over lamb evenly. Cover. Refrigerate overnight. Grill lamb over hot coals 30-40 minutes; turn often and baste with remaining marinade. Remove lamb to warm serving platter. Allow lamb to "rest" 10 minutes before carving. Serve sautéed red and green peppers with beans.

Texas-Pit Spring Lamb

4-5 pound leg of New Zealand spring lamb
Fresh garlic slivers

Marinade:
¼ cup dry red wine
¼ cup olive oil
Sprig cilantro, freshly chopped
1 clove fresh garlic, crushed
1 tablespoon salt, if desired
¼ teaspoon cayenne pepper

At room temperature, trim all excess skin and fat off lamb. Put bone-depth knife punctures (as slender a knife as possible) over fleshy part of leg. Press garlic slivers into punctures. Marinate lamb, covered and refrigerated, 10-12 hours. Cook leg at 240° F. 2½-3 hours, less for rare lamb. Serve hot or cold with favorite sauce.

Requires wood-burning, smoking pit, using 2-3 pounds fresh-cut mesquite wood.

Grilled Rib Eye of Lamb with Anchovied Spinach
(Makes 20 tasting-size servings)

4 racks of New Zealand spring lamb (each about 7" in length)

Marinade:
1 cup fruity olive oil
2 shallots, sliced thin
4 sprigs of fresh thyme, slightly bruised
2 sprigs of field oregano
2-3 cloves garlic, peeled and sliced thin
6 black peppercorns, crushed
Salt, if desired, and freshly ground black pepper
2-3 dried red chili peppers charred in ¼ cup fruity olive oil (oil should be quite spicy and peppers discarded)
8 anchovy fillets, rinsed, drained, chopped fine
5 large cloves garlic, peeled and chopped fine
1 tablespoon additional olive oil
2 pounds cleaned and stemmed California leaf spinach

Bone out eye from racks of young lamb and trim well of sinew and veins. Put in marinade overnight in refrigerator or several hours at room temperature.

Have coals ash-grey. Remove lamb eyes from marinade and pat gently but not completely dry. Grill whole eyes, turning frequently to sear on all sides. Season with salt and pepper. Finish grilling to rare-to-medium-rare doneness, about 5-7 minutes, depending on thickness. Remove. Let rest a few minutes, then slice into medallions about ½" thick.

"No, thanks, I brought my own."

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THE LAND BEYOND

by Robert Murphy

Illustrated by Frank B. Hoffman

Synopsis: ***The old gander spent the diminishing days of autumn with his flock and with his mate, with whom he had shared all since mating for life in their third year. At last, he took to the air to lead his companions southward. Young Dan Tolliver's imagination had always caught at the birds that beat their way above his father's farmland every season. When geese began to rest on the nearby pond, Dan asked his father for the chance to see them up close. To Dan's horror, as he watched, a thunder of hunters' guns greeted the old gander's flock as they settled onto the pond. The injured gander crashed nearby, and Dan begged his father to spare the animal and let him take it home to care for. The gander slowly healed and gradually grew closer to the boy, and Dan came to treasure the great bird.***

Conclusion: As the gander grew stronger, his brain—one of the shrewdest and most adaptable brains of the wild—accepted the boy. He came to welcome him with low gabblings, his beady black eyes full of a watchful and strangely ironic humor. Friendship developed between them, and when Dan refused to have the gander's wings clipped, the bird allowed him to put on it a belted harness made of old flour sacks. Tolliver insisted that the harness be made so that one wing was always free. "They'll mortify if you fasten 'em down all the time," he said, "and likely kill him. You mind out that you change that strap every week, so's to let one wing out, then t'other. That way he can waggle both of 'em and keep strong."

It was well for Dan that the harness was on the gander, for, on the day he was first taken into the sunlight, all his affection for the boy was swept away by the sudden overwhelming urge for freedom. The great hunger for his mate and his kind that had lain dormant in the dark arose terribly in him. He ran up and down the pen, flailing his free wing, his head held high, calling and struggling to break the bonds that imprisoned his other wing. Dan ran after him, pleading and unnoticed. He had forgotten the boy; he threw himself about and fought the wire until he was exhausted and the bitter realization of his captivity came upon him, and when he fell, his head was pointing to the south.

Dan's anxiety gave way slowly to an obscure sort of shame as he watched the gander. An intimation of how much freedom meant to the gander troubled him. Deep within him he knew he should let him go. There was a moment when he almost did this, but the moment quickly passed, hurried on by the need he had come to have of him and the blind, cruel egotism of youth.

• • •

Having realized his predicament, the gander was too intelligent to mope despairingly over it.

The chicken yard was too dull for him, so he watched Dan unhook the gate and learned to unhook it himself. Thereafter his snakelike dark head, with its beady, observant, and mocking eyes, was likely to appear around any corner that concealed human activity from him. He followed Dan and Tolliver into the fields and frequently retreated—in exasperatingly good order—from the house before Mrs. Tolliver's broom. He explored the neighborhood thoroughly and found the stream and the old millpond at the edge of the pasture, where he spent much time and found so much to eat that it wasn't necessary to feed him grain.

As for Dan, for the first time in his life the incoherent loneliness within him was filled. Familiarity with the gander only increased Dan's need of him. The gander became his confidant; he poured out to him all the secret, half-formed longings and thoughts that arose within him—

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things that grownups never seemed to understand.

As the winter dropped down in bleakness, the only available school failed to open because the district was too poor to engage a teacher. Dan had his books, but without the gander he wouldn't have opened them. His presence, by keeping in his mind the wonder about the places he had been, warmed Dan's curiosity and his imagination. He studied without knowing it, curled up near the stove, many times with the gander beside him.

For the gander gave over much of his wandering during the short, bitter, gloomy days. Memories of the freedom and warmth and light of the south closed in on him as the leaden clouds overhead closed in on the thin northern sun, and hunger for his mate gnawed at him.

It was Dan's mother to whom his unhappiness slowly became apparent. Realizing his effect on the boy, she had gradually lost her hostility toward him, even though he required grain after the millpond froze over. The harvest had turned out surprisingly well, and as the winter drew out, Dan began to develop rapidly out of an aimless boyhood. In the hope and happiness this gave her, she remembered her own past frustrations and thought a great deal about the gander. One dreary afternoon in early February she looked out the kitchen window and saw the gander standing by the edge of the desolate cornfield, looking toward the south, and the sight was too much for her. She went into the living room and found Dan reading by the glowing stove. "Dan," she said. He looked up, smiling a little, and as she groped for words her eyes dwelt on the changing lines of his face, the intimation of purpose coming into it. "I been thinkin' about the gander. He—he misses his folks, Dan. Maybe we should ought to let him go."

Consternation came into his eyes. "Mom! Oh, mom, I can't!"

"He looks so sad, Dan. It ain't right, keepin' him here." Failing to command the words she wanted, she tried to put into her voice the things she was thinking. "It would make me so glad if you would, Dan."

Suddenly his face looked like a little boy's again; his heart filled with terror at the thought of the emptiness that would come if the gander went away. "He ain't lonesome, mom!" he said, with desperate urgency. "He don't need nobody but me! He comes and reads with me, mom," he went on in a rush, and the tears came into his eyes, "and I think of him comin' down out of the sky, the chief one. Oh, mom, please! Please don't say it!"

She saw that it was too much for him, that he wasn't ready for it yet, and his unconscious cruelty to the gander brought the tears to her own eyes. She sighed. "All right," she said. "All right, Dan. I won't say it no more."

"It looks like the Fillmonds went off their diet this weekend."

• • •

And then, almost at the beginning of spring, Tolliver's father died in the next state, and arrangements were made to leave Dan with the nearest neighbors while Mr. and Mrs. Tolliver went away. Dan wanted to take the gander with him, but Tolliver, not wishing to overburden the neighbors' kindness, ruled against it.

"No," he said, with finality. "It ain't fair. Likely Jensen'll be ridin' over here every day or so to feed the brutes, and you can come with him. Get in the car now."

Dan had to submit; he climbed into the battered car and was left with big, kindly Jensen and Jensen's big, rosy wife. At first the novelty of his surroundings kept him from feeling strange, but by the end of the day the novelty had worn off, and a feeling of being lost, cut off from things he knew, began to steal over him.

The next day Jensen didn't drive over to feed the stock, and it got a little worse. He fought manfully against it. He found that when he was active he forgot the strangeness, so he plunged into activity. He explored the land and the shadowy mysteries of the barn and helped Jensen with the chores. He tired himself out, but when the work came to an end and dusk fell, the strangeness crept back again, a sort of desolation that closed in from the surrounding winter-bound land. The Jensens, big and clean and kindly in the lamplight, couldn't dispel it.

Their kindness only revealed what he had taken for granted all his life—how much his parents, his own people, meant to him. He realized, with the poignancy of youth, what it was to be an alien, and he clung to his visits home, to the dispirited gander that welcomed him with low gabblings, as a man overboard clings to a spar.

The world, which should have been exciting and new, was colored by the waiting, expectant strangeness. The gander was his only link with the family and he longed for him constantly, but it never occurred to him to compare the gander's case with his own.

When he heard Jensen's voice in the yard saying, "*Ja*, is fine. A liddle homesig, mebbe, bud fine," he felt his heart bound at his father's answering voice.

• • •

After he had been home for a time, after the first joy merged into everyday living, a sort of restlessness began to come to him. His thoughts were the long, groping thoughts of youth, but they brought to him a premonition of the changes that were in store for him and the adjustments he would have to make, the ambitions that were awakening and the realization that his parents were growing older and would finally die.

He tried to talk to the gander about these things, but somehow the old satisfaction wasn't in it. Besides, it was dif-

continued on page 94

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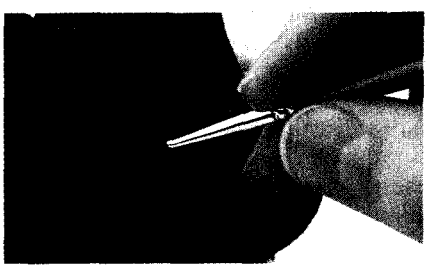

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HOME IMPROVEMENTS

FLOOR DECOR

When the floor isn't worth stepping on, try kicking a little life into it with a well-placed accent.

by Robert McQuilkin

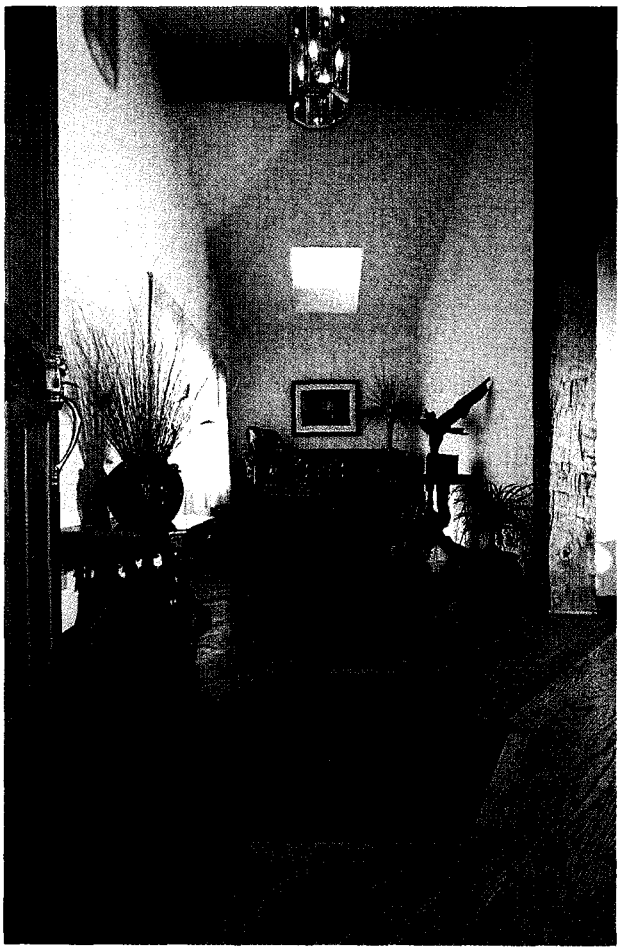
Floors, the most abused part of the house we tend to walk all over, are experiencing a new attitude on the part of many residents. More and more homeowners want to elevate the dignity of their floors.

In accenting, the latest movement afoot, custom-designed features are set into specific floor areas. Accenting can bring a well-heeled look to an otherwise pedestrian floor. The features are easy to install, and they cost much less than a complete custom floor, because the single detail, regardless of the price per square foot, never adds up to much. More important, most designer elements can be retrofitted to existing surfaces, opening options to any home. For instance, special inlays cut into finished hardwood floors, border designs spliced into carpeting, or hand-painted tiles dropped among the commercial pieces can make any floor stand out.

Set off as a citation or feature strip, the accent will attract more attention than if it were a component of a standard pattern. One Washington attorney, who thought that neglecting floors was a worse omission than not polishing shoes, installed purpleheart wood as a border around his cherry-plank office floor. To make sure it would not go unnoticed, he implanted a strip of polished brass between the contrasting woods. The result is arresting.

Some floors lend themselves to accents more than others. Locations most commonly enhanced by detail features are inside a main entrance; around the perimeter of an open room; in the dining room as a centerpiece; on stairway landings; and down the center of stairs or hallways.

In a more subtle approach, details have also been used effectively as visual dividers between rooms and to create a focal point by a fireplace mantel, under a chandelier, or even around a special piece of furniture.



Lovely but inexpensive inserts can provide a dynamic main entranceway, visually separate your living areas, or span the great divides brought on by age or remodeling.

The point is to target areas that need emphasis and show off the effort best.

Certainly any floor can accommodate accents, be they hardwood, carpeting, tile, or even stone. But the cost of backing out once the inset is in place can be prohibitive, so one must visualize before cutting. A young couple in the Chicago suburb of Glen Ellyn felt that the diagonally run oak in their foyer was not a dynamic enough invitation to their home. They purchased an octagonal cluster of burl walnut and laid it on top of the floor inside the doorway just to preview the effect. Now confident their idea would work, they cut a hole in their brand-new floor and shoehorned the piece into place, with a little encouragement from a belt sander. The floor's been collecting more compliments than footprints ever since.

For better or worse, most floor surfaces require periodic treatment, and such times are opportune to think about accents. When worn carpeting needs replacing or wood floors require sanding, when tile should be grouted or damaged areas repaired, the extra expense of custom insertions can almost be swept between the cracks.

Indeed, adding an accent detail will sometimes *lower* the cost of repair—as Scott Davis, a recent first-home buyer, discovered when he rolled back the carpet in his living room. He found a full-length gash where a wall once stood. Because the joints did not match up across the six-inch yawn, several flooring specialists agreed that the only complete cure would be to replace half the floor. What they did not mention was that the new oak would likely not match the color of the existing floor.

Davis decided to take matters into his own hands. He straightened out the crack, edged it with dark wenge (wood), and then cut in a herringbone pattern of oak parquet down the center. The accent balanced the room, gave the floor an elite look, and cost less than a tenth of the repair bid.

But unless you're pretty handy, you may want to turn the transplant

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Norman Rockwell Prints
from *THE SATURDAY EVENING POST*

NR-176 Cramming

NR-174 Losing The Game

NR-31 Happy Birthday

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NR-11 Big Moment

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THE GREAT MOTOR-HOME CAPER

The new RV owners thought they were buying a ticket to adventure; what they got instead was a big white elephant on wheels.

by Julie Hoss

Illustrated by Marcus Hamilton

With a spirit of adventure and an unspoken plan, Bill and Blanche Lewis pulled out from the retirement mobile-home park. It was quickly swallowed by the coastal fog embracing the northern California community that September 1986 morning. Bound by neither schedule nor commitment, they headed up to northern Idaho to visit their daughter and her family. Taking this trip on the spur of the moment gave them a sense of freedom, but this was the beginning of a two-month ordeal that would rob them of their peace of mind, money, and much more.

Two days on the road—just enough time to mull over an idea they had entertained but investigated with little success in the communities surrounding their home.

• • •

With brown eyes twinkling, Bill announced to the family the first morning in Idaho, "We're going to Spokane to look at motor homes. Who wants to come along?"

During the 30-mile trip into Washington, the Lewises' daughter quizzed them, wondering if this venture was too late into retirement. Were they casting caution to the wind?

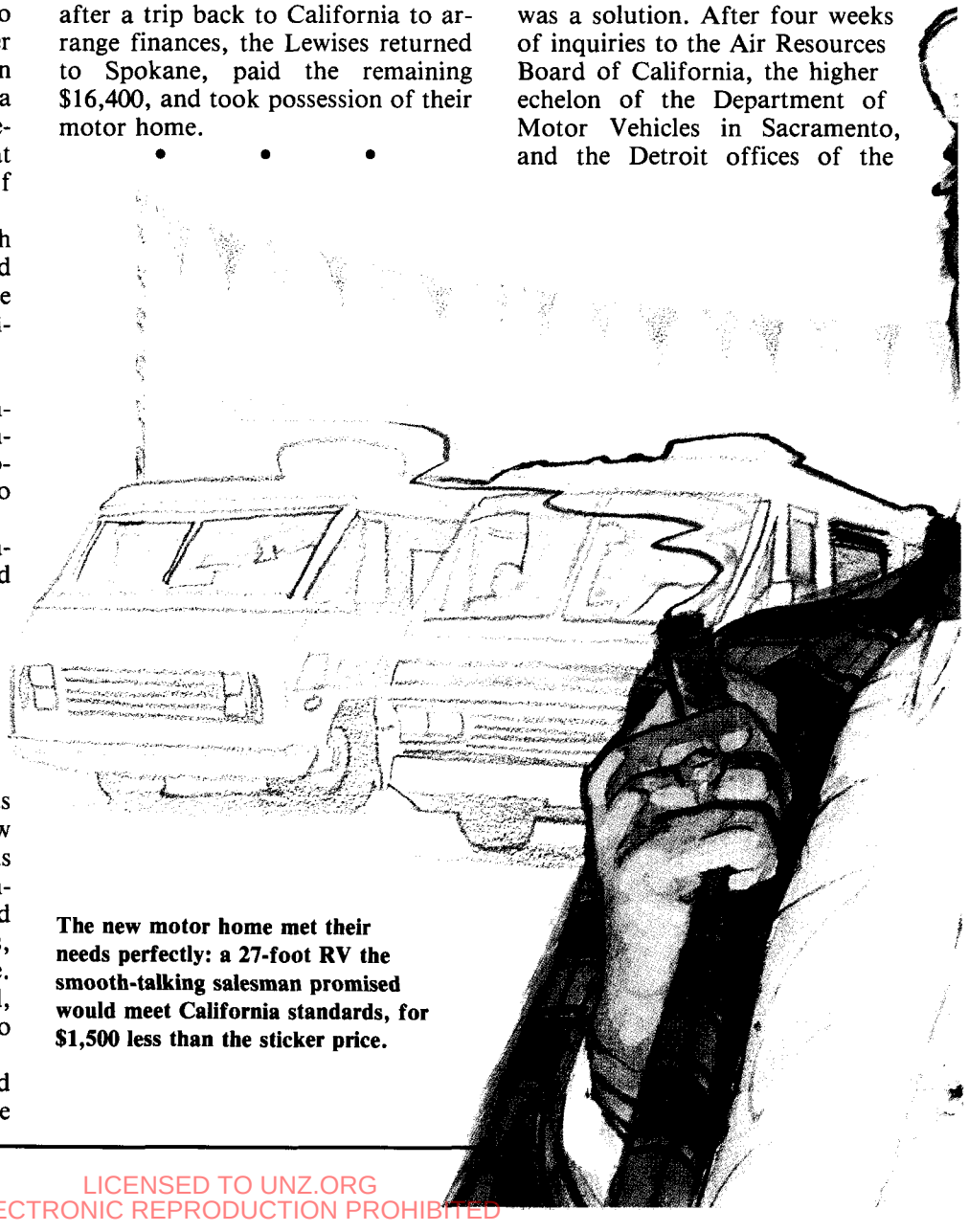
Conviction replaced doubt. The excitement was infectious. It would be the biggest shopping spree she'd been on with her parents. Three hours and four RV lots later, Bill and Blanche found a new motor home that met their needs perfectly: a 27-foot RV the smooth-talking salesman promised would meet California emission standards, for $1,500 less than the sticker price. Never ones to be forced into a deal, they quietly drove back to Idaho to think about the offer.

After a night short on sleep and long on discussion, Bill and Blanche returned to Spokane, convinced that weeks of searching had ended with the best decision. A $10,000 check exchanged hands, and a contractual agreement was drawn up which specified that the motor home would be equipped to meet and pass California emission standards. Ten days later, after a trip back to California to arrange finances, the Lewises returned to Spokane, paid the remaining $16,400, and took possession of their motor home.

• • •

The Lewises' visions of nomadic travel soon evaporated. After returning to their home state and paying more than $2,200 for temporary licensing and taxation, they found that the vehicle did not meet California emission standards.

The Spokane dealer insisted there was a solution. After four weeks of inquiries to the Air Resources Board of California, the higher echelon of the Department of Motor Vehicles in Sacramento, and the Detroit offices of the



The new motor home met their needs perfectly: a 27-foot RV the smooth-talking salesman promised would meet California standards, for $1,500 less than the sticker price.

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chassis manufacturer, and with assistance from their state senator's office, the Lewises found out the sordid truth. They were owners of a vehicle needing changes that should have been initiated at the factory at the time of production. The vehicle, subsequently, could not be licensed in their home state.

Angry that this investment had become a white elephant on wheels, they drove the 800 miles to Spokane and on October 27 insisted the dealer return their $26,400 because of breach of contract. Arrogantly, he replied, "I don't have your money; if I did, I wouldn't return it; and furthermore, I'm closing my doors for business as of November 1."

Immediately, Bill and Blanche realized that their previous problems had suddenly become minor. The most glaring problem now was that they did not have the title to their vehicle. Initially, at purchase, they had been told the Manufacturer's Statement of Origin (MSO), equivalent to the title, would be sent to the Department of Motor Vehicles in Sacramento. They did not realize that most manufacturers and dealers use "flooring agents," who must be paid off before the MSO is released. Few dealers have sufficient capital to carry their own MSOs.

Weeks in September and October had passed with wild excuses: the MSO was misplaced in the files; lost in the mail; still with the manufacturer.

Time was, quite literally, of the essence. The Lewises sought legal help in Spokane. As the young attorney recorded the events, he added, "Please follow my instructions. While I sort through this information and confirm there is no conflict of interest if I take your case, you must go across town to the attorney general's office. A claims representative in the Consumer and Business Fair Practices Division will be expecting you. Her name is Barbara, and she wants to hear your story."

They wondered if this next stop would be just another blind alley. Barbara beckoned them from the foyer soon after the receptionist announced their arrival. She listened earnestly, interjecting questions occasionally as she recorded the details. Absent for a few minutes, she returned, announcing, "We've had no complaints against this business, but as soon as you file yours, Mr. and Mrs. Lewis, we will begin an in-

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vestigation. One more thing I'm going to urge you to do today. On your way back to Idaho, stop in the Washington State Patrol Office. There is a man there who might be able to help you."

Their emotions were taut as they drove through the late-afternoon traffic. Could they hope, just one more time, that this man would be the one who could salvage their dreams and help them gain title to what was rightfully theirs?

Detective Don K. Campbell, a man of commanding stature, shook hands with Bill and invited him to sit down and tell his story. There was something about the way the detective listened: he was an experienced problem solver; his wheels seemed to be turning. He'd heard details so similar, but the names and circumstances were different. Immediately, he placed a call to the RV dealer and made an appointment. Detective Campbell told the Lewises he would get back to them after his inspection.

That Thursday afternoon, Detective Campbell called, reassuring the Lewises that the dealer claimed he'd sent a $26,400 check that morning to the flooring agency in Ohio that held the MSO. The dealer promised that their title would reach Spokane by Saturday—and no later than the first of the week.

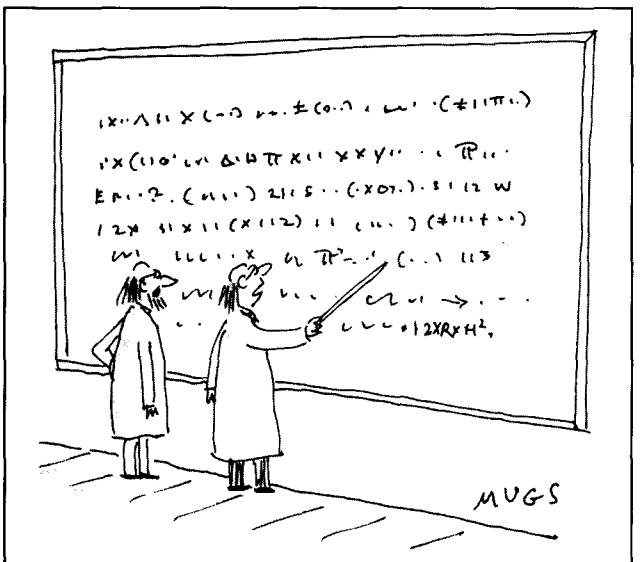
Monday morning, November 3, the dealer called the Lewises. The MSO had arrived. Only when they held that title in hand did they begin to find some peace.

• • •

Ironically, that very morning, an editorial in the Spokane paper outlined the heartache of consumers not as fortunate as Bill and Blanche. In a scheme that had begun three years earlier, in 1983, several victims had been bilked of a total of more than $240,000 in what had been called the RV Kingdom case. One thief died of a terminal illness within two weeks after his 15-year sentencing. The other served only eight months of a 10-year sentence for four counts of first-degree theft, and he had just been paroled. And that parole had prompted the inflamed editorial.

The names, the faces, the dealer were different then. But there was one person, once again, with a principal role. Detective Campbell. He had been the primary investigator with the state patrol's Crime Investigations Division. But by the time the victims realized they had a problem, it was too late for him to help them.

It all began about mid-July 1983. The co-owners of RV Kingdom, masters of deceit, persuaded most buyers to make a sizable down payment and, in some cases, to sign over title of a vehicle or recreational vehicle on consignment as additional payment. Orders were placed for the individual new motor homes, and the purchasers awaited delivery. But as days and weeks crept on past the due date, customers called, asking about the delay. They were often told the same story: the vehicle got stuck in a snowbank in the East on its way out from the manufacturer.



"In theory, this is where socks go when they disappear from the dryer."

By January 1984, customers realized they had become victims of more than a snow job. But by then, it was too late.

That month RV Kingdom listed more than $814,000 in debts in a petition for financial reorganization. Court-ordered bankruptcy, decreed in March, led to liquidation sales and public auction. Under federal bankruptcy laws, the victims were listed fourth in line for repayment from liquidated assets. At that priority level, each consumer creditor would receive about $900 reimbursement!

The co-owners slipped away to California to resume their lives as RV salesmen. But as they basked in the sun, the Washington State Patrol's crime-investigation team began a year-long probe into allegations of consumer fraud at the Spokane dealership.

Bank records, obtained by search warrants, revealed that the business operators converted cash down payments for recreational vehicles and proceeds from consignments of other RVs to their personal use. Customer deposits are required by Washington state law to be placed in trust accounts to prevent such comingling.

The majority of the victims were retired, successful in business, and wise consumers. Their one common denominator was trust. The personal losses of life savings or large amounts of borrowed money ranged from $9,000 to $40,000. One couple were forced to declare bankruptcy after forfeiting $27,500. Another pair from Pullman, Washington, were bound to an eight-year contract for a $436-a-month loan on an RV they'll never see. A Coeur d'Alene, Idaho, couple traded in a $23,745 motor home and gave the dealership an additional $16,000 cash down payment. Neither was recovered. A Spokane woman paid $15,537 in cash for a trailer she never received.

There were other victims. They suffered financially; they suffered emotionally with the shattering of lifelong dreams. Their road to recovery will be painful. Their scars might remain indefinitely. And yet the criminal was given a shortened sentence because of plea bargaining and a parole due to "good behavior." His parole of ten years is hardly long enough to repay the $246,683 in court-ordered restitution. It's conceivable he could receive a release from supervision in just one year. As the Spokane paper editorialized, "This one, in the minds of crime victims, gives the criminal-justice system a well-deserved black eye."

In 1986, the Bureau of Justice Statistics released a report detailing a government study of forgery,

continued on page 90

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LETTING THE GOOD TIMES ROLL

Skating is all the rage on the Great White Way, and some roller-skating fans predict yet another surge for America's on-again, off-again pastime.

by Grant Pick

The Elm Skating Club, a roller rink in the Chicago suburb of Elmhurst, is situated virtually at the cross hairs of two main thoroughfares. Passersby know the place by the big brown sign out front depicting a roller-skate shoe; the building's brick exterior is otherwise rather plain.

Not so the Elm's innards. The floor is composed of 20,000 square feet of hard rock maple, the end pieces bent so skaters never encounter a seam. Underneath lie two subfloors of yellow pine, followed by a vapor barrier, an insulating layer of Homasote, a coating of tar, a slab of concrete, and finally, several inches of sand. If you can't gain support on the Elm floor, there is probably nowhere in America for you to stand.

It took the best parts of five old theater pipe organs to create the 28-rank instrument that swells the Elm with music. The organ, played via a keyboard accented by Italian lights, is centered in two lofts rambling across the Elm's second level. The organ can imitate 20 instruments, from a tuba to tinkling bells. When a march is called for, the Elm organ complies with a sound duplicating a full band. Mostly, though, the two rink organists stick to standards from the 1920s to the '40s: "Chattanooga Choo Choo" and Tommy Dorsey's "Boogie Woogie" are ever popular.

They are popular, that is, three nights a week, when the Elm Regulars congregate at the club. The Regulars are 200 or so rink devotees who love not only the floor and the pipe organ but also the chance to skate-dance. The men wear chinos, the women tights and frilly short skirts, and, holding hands, they whirl around the floor with the spots of light sprayed by a mirror ball hung from the ceiling. As the organist on duty progresses through a never-changing repertoire, the Regulars execute the steps they know so well—the conga, the fox trot, the siesta tango, the Denver shuffle, and the "romp," a swing-swing-swing motion with three steps backward and a crisp turnaround.

Broadway's stirring *Starlight Express* has sent box-office revenues soaring and audience members rushing out to find the nearest roller rink.

"These are skaters' skaters," remarks the Elm's owner, Bill Fuchs. "Can you think of anything more entertaining than coming to a rink like this and being proficient?" Annabelle Hough, a photographer in her 50s, returned to skating six years ago after being widowed. "This is good exercise," coos Hough, 40 pounds lighter from dancing, "but besides that it's good clean fun. No smoking, no drinking. And nice people."

• • •

Common wisdom is that the wholesome pastime of roller skating is dead and gone in this age of video games and R-rated movies. Skating has been on the decline, at least since the late 1970s. Still, there remain 24 million skaters in the United States, according to the Roller Skating Rink Operators Association (RSROA). Some industry cognoscenti smell a return to popularity in the wind, if only because of the success of *Starlight Express,* the Andrew Lloyd Webber musical with an entire cast on roller skates.

Roller skating is thought to have had anonymous beginnings in Holland around 1700, but it took a Belgian-born inventor named Joseph Merlin to popularize the diversion in London sometime after 1760. The sport became a craze again in the 1860s, next in the 1880s, and finally as the 20th century cleared its teens. Charlie Chaplin bowed on wheels in the silent film "The Rink" in 1916. There were vaudeville acts on rollers, and for a time speed skating turned into quite the rage. The top racers, with such rococo names as Rollie Birkhimer and Howarth Beaumont, hotfooted it around rinks in Madison Square Garden in New York and at White City, a glitzy amusement park on Chicago's South Side.

Then there was the Sonja Henie of rollers—Gloria Nord. Nord, a short, blonde pistol of a girl, emerged as the star of a road show called "Skating Vanities" in 1942. And what a show it was. In 1947, one of its bigger seasons, "Skating Vanities" toured 28 cities in the United States and Canada with a supporting cast of 140. By the time "Vanities" folded in 1951, Gloria had performed every feat on skates, from a hula to a Chopin ballet.

The image of roller skating propagated by "Skating Vanities"—grand and fancifully romantic—was undercut by the Roller Derby. The Derby, which played at various arenas beginning in 1935, was patterned by its founder, Leo Seltzer, after a dance marathon, but its key attractions were "jams," or mad-scrambling tie-ups heavy with roughhousing. In 1948 the Derby went on television,

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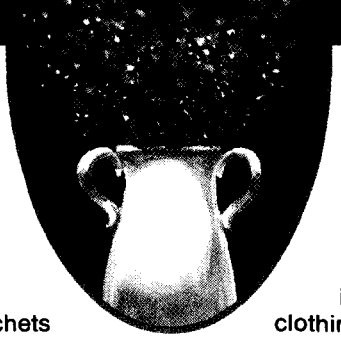

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which pleased and enriched Seltzer (now dead) but has always rankled those who favor a more refined posture for roller skating. "The Derby is terrible," sniffs Gloria Nord, still galled at how the public used to confuse "Skating Vanities" with Seltzer's fisticuffs-laden events.

Whatever—with the exception of the Derby, roller skating did decline in the years following World War II. The great urban rinks were already dead or dying. "People moved to the suburbs," relates Gordon Ware, president of the Chicago Roller Skate Company, "and they didn't have any sidewalks out there. The young sidewalk skater, who had been a big base of the business, started to disappear." Soon, so did the teenage skater, lured away by "the dirty movie and the age of permissiveness," Ware says.

• • •

No one was prepared for what happened next. On June 5, 1976, Jeff Rosenberg, a part-time college student and skating aficionado, rented space in a parking lot adjoining the boardwalk at Venice, California. Leasing skates from the back of his van, Rosenberg reaped $100 that first day, and he was in business; his van turned into a store—and then a chain of stores—called Cheapskates, and there were countless competitors. One of them helped the Chicago Roller Skate Company adapt a high-rebound polyurethane wheel, perfected by the Upjohn Company for skateboards, to roller skates. Soon every city worth its cement sidewalks was awash in outdoor skating.

In addition, the excitement over rinks revived, especially when skating was combined with disco music. A warehouse in the Chelsea section of Manhattan became the Roxy, which its manager grandly termed "the Studio 54 of rinks," not without reason: the Roxy featured an 85-foot-long mirrored cutout of the New York skyline. A one-time garage in the Crown Heights section of Brooklyn blossomed as the Empire Roller Disco, complete with rainbow mural, neon skates, and a center island sporting lighted palm trees that flashed on and off. Here Casablanca Records hosted a tribute to the singer Cher in 1979, and 2,000 guests showed up to skate, talk under makeshift tents, and eat from a giant buffet. Here John F. Kennedy, Jr., retreated to tool around.

Leaving their cares outside, patrons of Chicagoland's Elm Skating Club relax in an ambience of skating bliss little changed since 1956.

In general, celebrities embraced roller skating enthusiastically. "Steve McQueen would always call me up ahead of time and say he was coming in," Jeff Rosenberg reports. "I'd have his skates ready for him. Linda Ronstadt sometimes arrived with her guitar player and sort of blended in. Cher was seeing Gene Simmons [of the rock group Kiss] at the time, and they'd show up all dressed in black leather." Cher purchased dozens of skates from the Chicago Roller Skate Company "just for her friends to skate around her backyard at parties," Gordon Ware says.

More than anything, press reports of this celebrity infatuation helped transform skating into a phenomenon. By 1980, 45 million Americans were on rollers, according to a survey conducted by the RSROA. "All of a sudden skating was you and me and the guy next door," recollects Lee Cole, the owner of the heavily trafficked Skates, on Haight off Golden Gate Park in San Francisco. Onto the market flooded indoor and outdoor skates, plus one kind featuring a jogging shoe for a boot. The Roller Derby Skate Corporation, founded by Leo Seltzer's brother Oscar and the world's largest skate manufacturer, experienced a threefold increase in sales. The number of U.S. rinks swelled by an estimated 500.

And then, as with any mania, "it was like one minute the public had discovered skating," reflects George Pickard, RSROA's former executive director, "and then they were back on their polo ponies, or whatever." Skate sales plummeted. The Empire rink managed to stay solvent, but the Roxy went belly up after a change to a break-dance format. Jeff Rosenberg, the man who started the craze, closed up his last Cheapskates five years ago, and now he indulges infrequently in the sidewalk art he spread so far.

The 1905-vintage Oaks Park rink in Portland, Oregon, features "cornball" activities, such as Lucky Number and a popular mummy event.

• • •

Plenty of Americans do continue to skate, even if they constitute a segmented market. "The basic skate customers are 7 to 16 years old, 'cause once they start to drive, forget it today," Gordon Ware observes. "Then video games and movies become the main attractions. Otherwise, our people—the adults—want good clean fun, boy meets girl on a supervised basis, with some exercise thrown in." In other words, in this jaded age, roller skating is no longer for everybody.

continued on page 90

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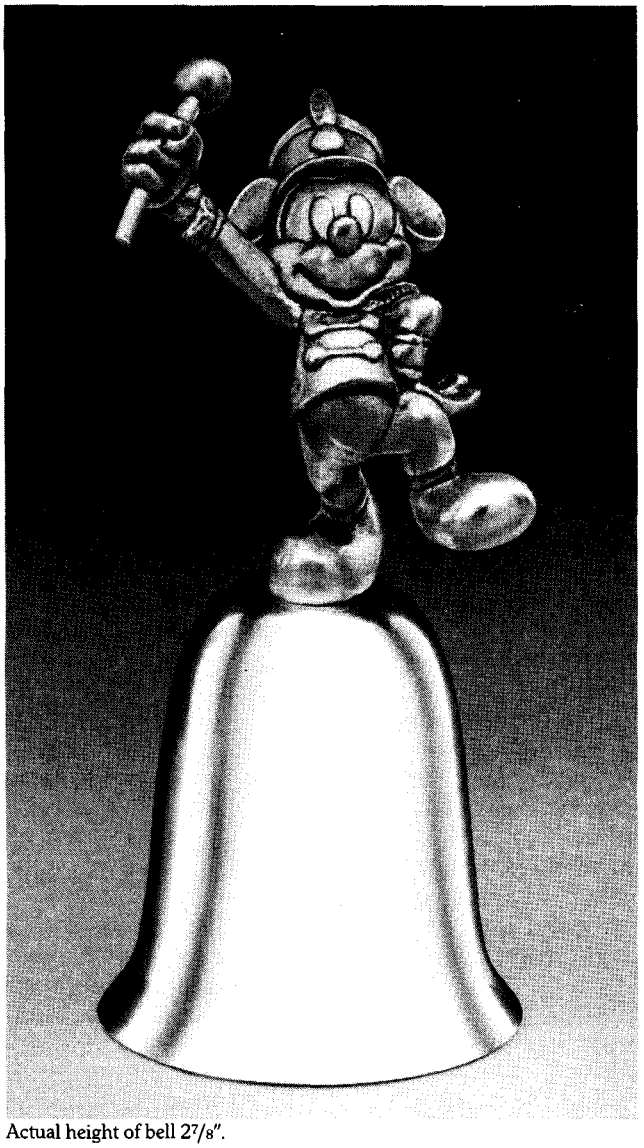
THE FIRST Disney SILVER BELL



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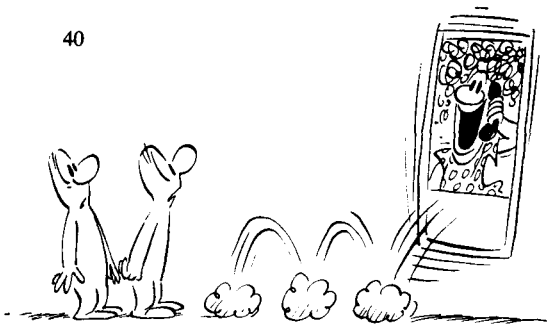


POST SCRIPTS

Sticky Roots

Looking up the family tree
Is anything but a snap,
Especially when you discover
That you might be the sap.

—Lou Seguin

Charity Begins—and Ends—at Home

Budget: A plan that enables you to pay as you go, provided you don't go anywhere.

—Sam Ewing

Civilian Civil Service

After you retire, you never know what day it is, what time it is, where you're supposed to be, or what you're supposed to be doing. It's a lot like working for the government.

—Bobbie Mae Cooley

Isn't It Peculiar?

Isn't it peculiar that yo-yos and Frisbees never seem to go out of style?

That conservatives want to liberate the environment and liberals want to conserve it?

That one-fifth of the products currently available in groceries were not in the stores ten years ago? (Admit it: you didn't know what tofu was when you first saw it either, did you?)

That nobody writes letters anymore?

That hardly a soul is now alive who remembers glass milk bottles, ice boxes, or rumble seats?

That real men not only eat quiche but make it too?

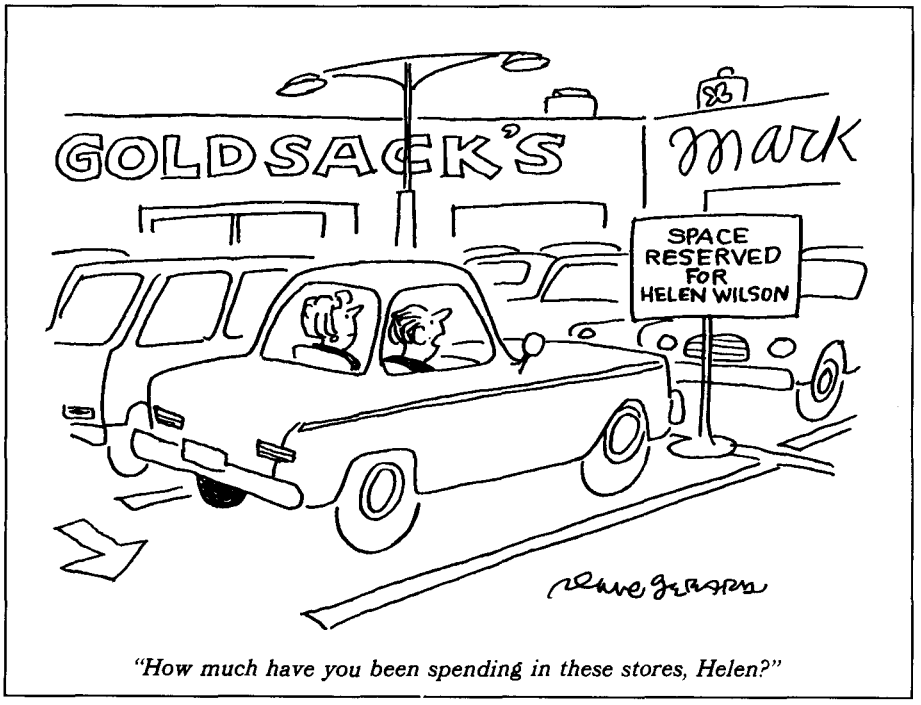
That food has become the new sex symbol for the '80s? Almost everyone wants to open a restaurant or a fast-food gourmet shop, and almost everyone does.

That we used to eat spaghetti, and now we eat pasta?

That no one in the real world ever talks about laundry, toilet paper, hemorrhoids, deodorant, or mouthwash? (No wonder they call television the "boob tube.")

That with all the wonders of the computer age, the most magical things in this world are still a rainbow, blowing bubbles, springtime, a baby's smile, fireworks, and falling in love?

—Natalie Rothstein



"How much have you been spending in these stores, Helen?"

Let Us Bray

Whenever our parson
Begins with "Yea, verily,"
The rest of the sermon
Never goes very merrily.

—Henry F. Hill

The Business of Business

An attorney, running late, had no choice but to park his car illegally in front of the city hall. He hastily scribbled this message on a piece of paper he tucked under the windshield wiper: "Attorney inside—attending to business."

Upon his return, he found this note tucked alongside the inevitable pink slip: "Policeman outside—attending to business."

—B. Bader

Clothes, But No Cigar

While traveling in Europe, a man assured a customs inspector his luggage contained nothing but articles of clothing. The inspector proceeded to open one suitcase and found a bottle of bourbon inside.

"I thought you said there was only clothing in here," the customs man said.

"I did," the man replied. "You're looking at my nightcap."

—Oliver E. Frazier

Whatsoever the Man Soweth

The best way to get real enjoyment out of your garden? Put on a straw hat, dress in old clothes, hold a trowel in one hand and a cool drink in the other, and tell the man where to dig.

—Rose Sands

Eating the Humble Pie

A new minister was presented with a pie baked by the poorest cook in the congregation. The pie turned out to be inedible, so there was nothing he could do except throw it in the gar-

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bage. Still, he felt obligated to thank her, so, after some consideration, he wrote her a note.

"Dear Mrs. Smith," he began. "Thank you for your thoughtfulness. Rest assured that pies like yours never last long with me."

—Bobbie Mae Cooley

It's a Jungle Out There

The small band of weary travelers returned from a three-week safari, and someone asked them if they had any luck.

"Oh, sure," the leader replied.

"What did you get?"

"Back."

—Rose Sands

A Rail Life Situation

The reason so many bachelors are on the fence about marriage is because they're so used to tomcatting around.

—Frank Pepe

Little Boy's Blues

At dinner, a lad told his parents there was to be a small PTA meeting at school the next day.

"Well, if it's just a small one, do you think we ought to go?" his mother asked.

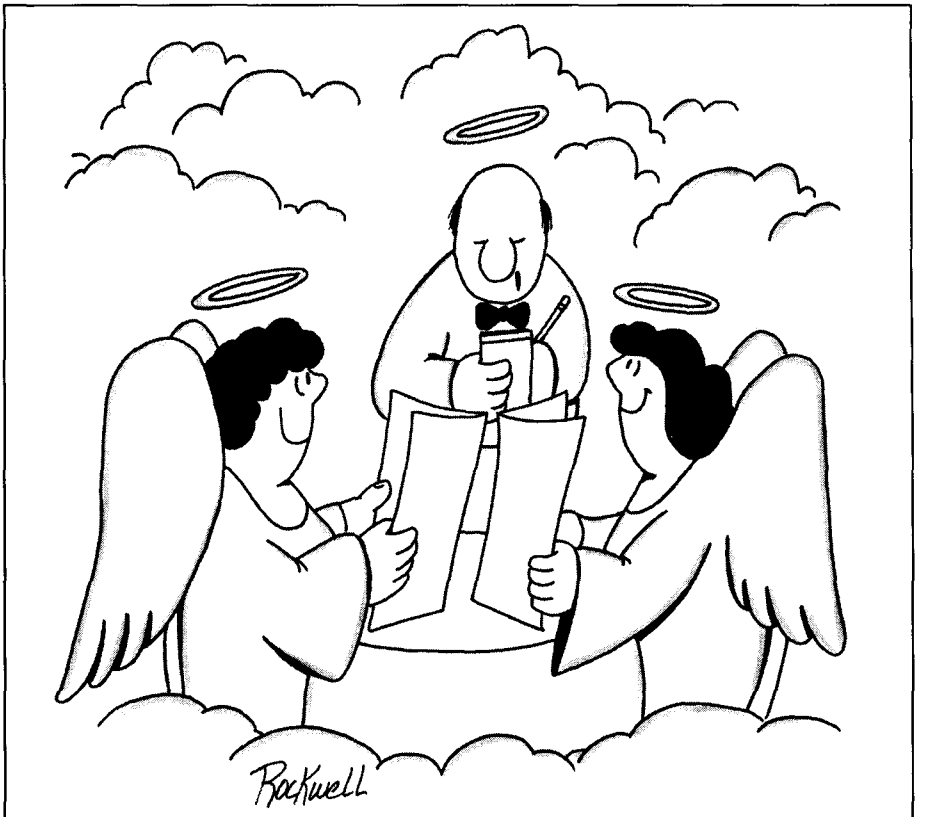
"I think so," the boy said in a low voice. "It's just you, me, and the principal."

—Kris Lee

Get Thee Ahead of Me!

There's only one problem with resisting temptation: it may never come again.

—Thomas LaMance



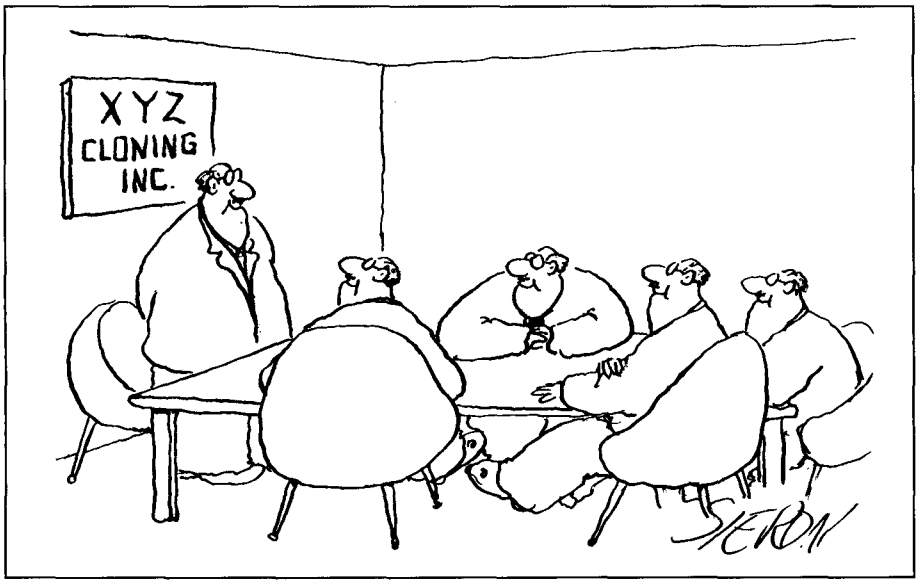
"Two orders of lobster thermidor in melted butter, mashed potatoes with gravy, a bottle of white wine, and chocolate cake with whipped cream. And will that be with or without calories?"

Divided We Stand

A man was telling his friend that he and his wife were trying a new approach.

"Yes, sir," he said. "We sleep in separate rooms; we have dinner apart; we take separate vacations. We're doing everything we can to keep our marriage together."

—Oliver E. Frazier



Fair Play

Of course it's wrong to designate all women as members of the "fair sex." After all, some are terrific.

—Frank J. Pepe

Reality of the Everyday Housewife

Housework: Something a woman does daily that nobody notices—until the day she *doesn't* do it.

—B. Bader

Tripping Out

Vacations are a little like love—anticipated with relish, experienced with inconvenience, and remembered with nostalgia.

—Thomas LaMance

Closing the Gap

The meek will inherit the earth. However, odds are they won't find a parking place.

—Sam Ewing

The Truth About Youth

It's not the crazy clothing
Or the hairdos that we see;
It's trying to remember
That's how *we* used to be!

—Charles Ghigna

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THE CROWN JEWELS OF THE GARDEN

Once featured mainly on the estates of Victorian England, rhododendrons have become one of the most popular landscape plants in America.

by Donald W. Jackson

Even among our showiest flowering trees and shrubs, few ornamentals command as large and enthusiastic a following as do the rhododendrons. However, not all areas of our country are created equal when it comes to growing these fine plants. Anyone who has ever lived in, or at least visited, the natural habitat of our native rosebay rhododendron (*Rhododendron maximum*) at peak flowering time will attest to its incredible beauty. Its growth is especially lush along the slopes and sheltered stream valleys of much of our mountainous Southeast. A few thousand miles away in the Pacific Northwest, cool, moist conditions allow an array of species and cultivars to thrive. In contrast, the hot, dry summers of our Midwestern states are hardly optimum for growing these garden favorites.

Almost any garden can benefit from adding a rhododendron or two. Offering the homeowner an almost countless number of species and cultivars, rhododendrons can complement the design of nearly any landscape. One of the most treasured features of these plants is the undeniable beauty of their flowers. What's more, their vibrantly colored flowers can also vary greatly in size and time of bloom. Some are even delightfully fragrant and are thus pleasant planted near doors, walkways, and other high-traffic areas.

Rhododendrons can be purchased in a large complement of reds and pinks, as well as in yellow, white, lavender, and even deep purple. Whatever the colors of the rhododendrons chosen, coordinating the flowers with each other and with the other plants throughout the landscape is important. The colors of surrounding buildings and other nearby features should be considered as well: no mat-

With exotic leaves of a dark green and blooms as bold as shocking magenta, these flowering ornamentals make a choice garden or woodland addition.

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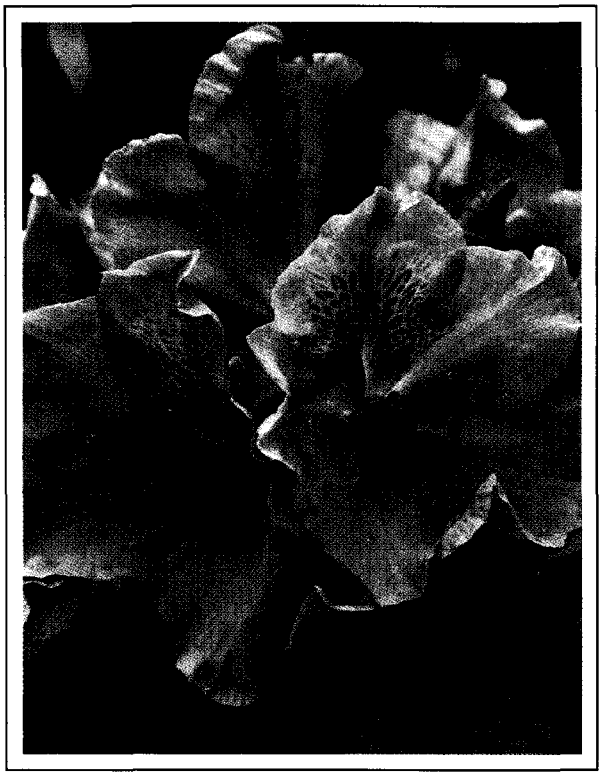
ter how beautiful a red-flowered rhododendron may be, placing it in front of a red-brick wall provides very little contrast indeed. It would certainly be more suitably placed where its attractive blooms could be better appreciated and enjoyed.

Because of the great diversity within the *Rhododendron* genus, gardeners can choose varieties with a fairly long blooming season. Thus, coordinating the various colors in the garden in no small way depends on knowing when each rhododendron will be in flower. This problem may be compounded in a garden with many other flowering trees, shrubs, and herbaceous perennials. But without a doubt, time devoted to coordinating the colors of a garden is well-spent.

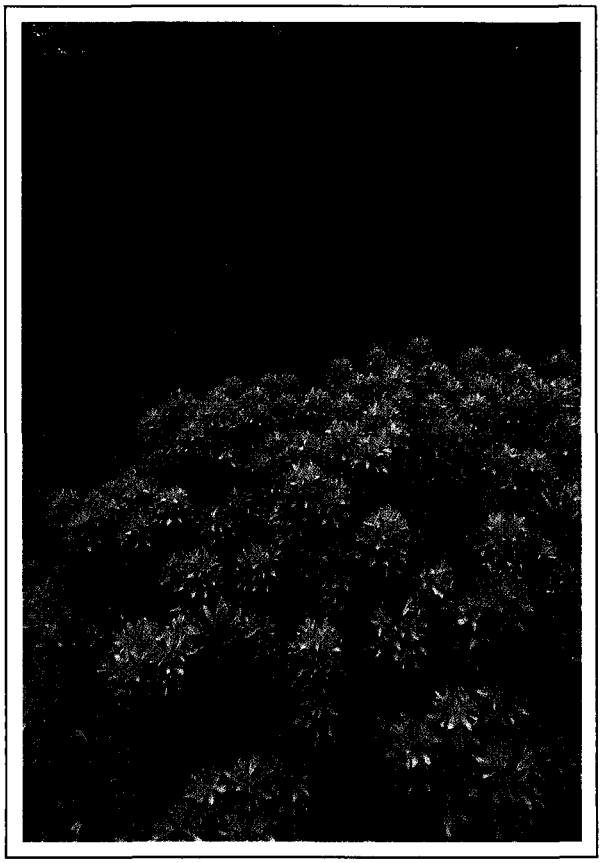
Although rhododendrons are loved and cherished for their spectacular blooms, this genus offers many other first-rate features. Whether the leaves are small, as in the case of some rock-garden types, or large and robust, the evergreen nature of many rhododendrons can be a great benefit as nearby deciduous trees and shrubs start to lose their leaves each fall. The differing green shades of rhododendron foliage can also be an attractive feature: the forest-green hue of one species can contrast with the emerald cast of another.

Finally, rhododendrons vary greatly in mature size, a feature that makes them suitable for many gardens. Several smaller types are natural selections for a rock garden, especially arranged in small groups to maximize their visual impact. Areas of the landscape that call for larger and more robust growers can be planted with taller varieties. Either way, few other ornamentals can offer homeowners as many quality features as do the rhododendrons.

In addition to use in the more intensely managed areas of the landscape, many rhododendrons flourish in woodlands. Despite the absence of hard-and-fast rules for establishing or maintaining such an area, a few simple guidelines are important to follow:



Characteristic of all rhododendrons, the spectacular blooms of this evergreen variety, 'Sham's Candy,' display an architecture possible only in nature.



Wild and hybrid rhododendron species number in the thousands—from delightful six-inch dwarves to billowing bushes of color to 80-foot-tall trees.

- Many trees may need to be cut. Although the number will certainly vary from woodlot to woodlot, the beginning gardener may remove too many.
- A priority is planning the placement of footpaths or trails. The footpaths should be allowed to meander through the natural landscape. Keep in mind that a trail becomes boring and redundant without curves to excite a traveler's curiosity about what may be around the next bend.
- Some woodlands' appealing natural features should be incorporated into the overall design. Interestingly shaped boulders fairly close to a proposed trail, or a creek traversing the property, will make welcome sights. However, the more subtle beauty of an area should not be ignored. From moss-covered logs to colorful lichens, many features make the woodland garden more inviting.
- Of course, more than rhododendrons can be included in such a garden. In addition to compatible trees and shrubs, from the flowering dogwood (*Cornus florida*) and redbud (*Cercis canadensis*) to some of the native viburnums, spring-blooming wild flowers—such as the bloodroot (*Sanguinaria canadensis*) and large-flowered trillium (*Trillium grandiflorum*)—are suitable. Existing ferns can also help any woodlot come alive. The fragile-looking fronds of the northern maidenhair fern (*Adiantum pendatum*) and the more robust appearance of the interrupted fern (*Osmunda claytoniana*) both contrast with rhododendrons.

Unlike many other outdoor projects, woodland gardens can be worked on as time allows. A healthy supply of rhododendrons and companion plants can make such an undertaking exciting indeed. Few landscapes can be as breathtaking as a woodland garden arrayed in full bloom.

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THIRTY YEARS OF HOPE

The man who got HOPE off the ground and into the water is still at the tiller three decades later. The famous ship was retired 14 years ago, but the work goes on.

Holly G. Miller

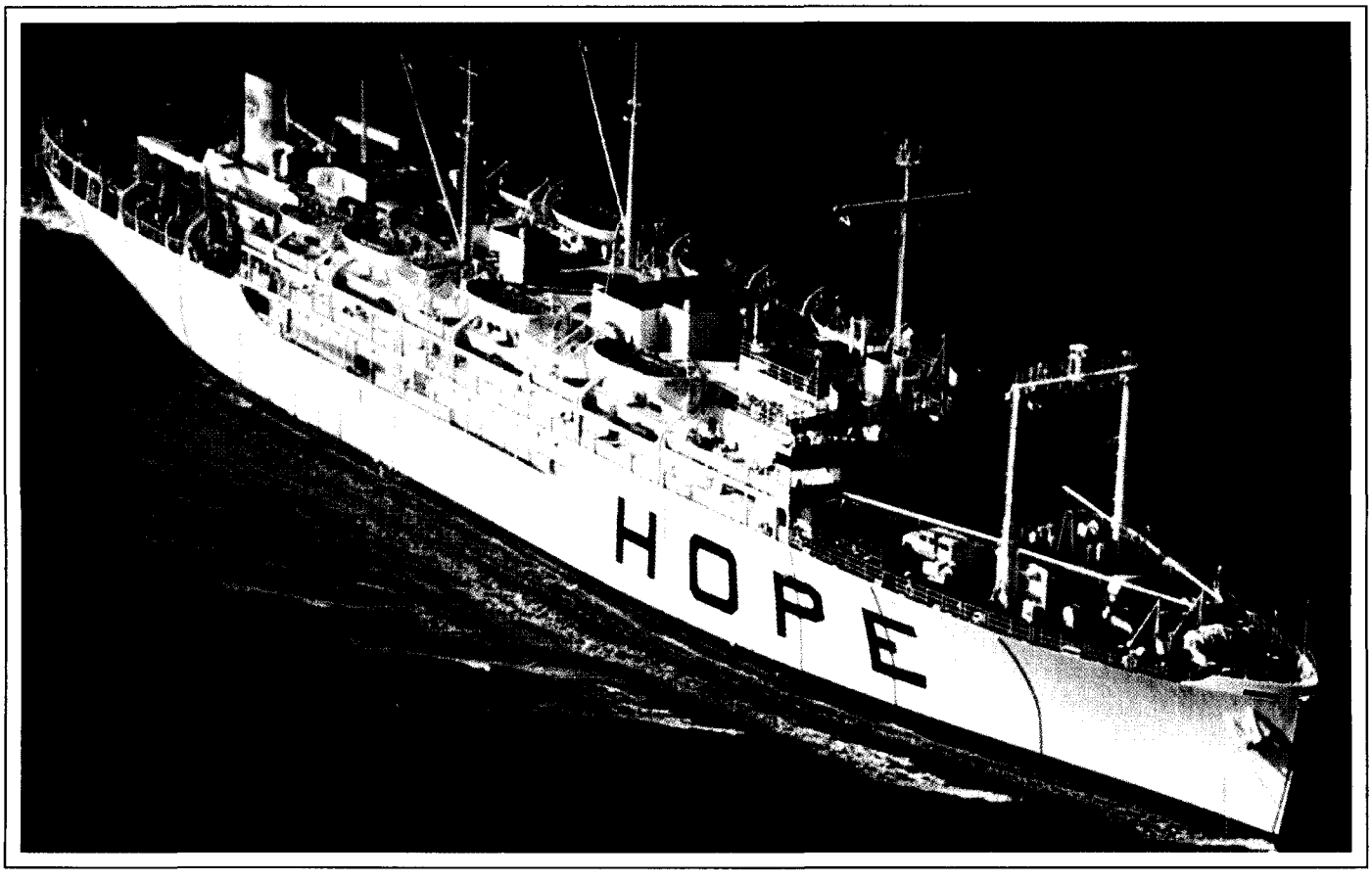
When Dr. Bill Walsh first met his great white *HOPE,* she was 15 years old and already a veteran of two wars. Weighing 15,000 tons and stretching the length of two football fields, she looked more like a great white elephant, only she was gray—and ugly.

Her name was *Consolation,* but she was no prize. Walsh admits his initial impression was mixed. "I remember saying, 'This is what I've dreamed about,' and at the same time thinking, *My gosh, what have I gotten myself into?*" recalls Dr. Walsh, the founder, president, and chief executive officer of Project HOPE.

He wasn't alone. His supporters envisioned the SS *HOPE* as a literal Love Boat, as the world's first peacetime hospital ship, which would roam the globe bringing health care to poverty-stricken countries. His critics saw *HOPE* as a Ship of Fools, a harebrained idea that would never get off the ground and into the water.

"We had a lot of detractors," Dr. Walsh says of the early days. "People in government said it would never work, and they fought against giving us the ship. People in education said this was no way to teach health care, because it upset their traditional views of university-to-university exchange programs. President Eisenhower was a believer, though. He thought it was a good idea and asked what the program would cost. I told him, 'I don't know; I've never even owned a rowboat. Maybe $3.5 million?' He said, 'Sounds good to me; I've never owned a rowboat, either.' "

Today, a varnished wedge of wood, mounted on a disk and displayed in Dr. Walsh's office, is among the few tangible remnants of the SS *HOPE.* The ship was retired in 1974 after 11 voyages and nearly 14 years of medical teaching-treatment missions. She survived a revolution in Peru, a war in South Vietnam, and several skirmishes in Congress. Although the ship is gone, the man who kept her afloat by recruiting volunteers, soliciting supplies, and, as he admits, "breaking every rule in the



By 1974, after 11 voyages and nearly 14 years of medical missions, the good ship SS *HOPE* had earned her retirement.

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book'' is still at the tiller. Project HOPE, now celebrating its 30th anniversary, has grown from a ''harebrained idea'' to a world-famous, independent, nonprofit corporation that provides health-care education at home and abroad.

The Beginnings

''HOPE is an acronym for 'Health Opportunity for People Everywhere,' '' explains Dr. Walsh, a cardiologist. ''The idea actually goes back to my days as a medical officer on a destroyer in the South Pacific during World War II. It was pretty apparent to me as a young physician that there was no health care in that part of the world. I decided if I ever got a chance, I'd do something about it.''

The chance came several years later, after he had established a successful practice in Washington, D.C., and had begun co-chairing a committee on medicine and health for President Eisenhower. He pitched his floating-hospital idea to the president one day. Ike gave the green light and a mothballed naval ship.

Approval from the White House necessitated approval from the Walsh house. ''Until Bill got the ship, HOPE was a lot of conversation and not much realization as to what it would do to our lives,'' recalls Helen Walsh, Bill's wife. ''I've always said that Project HOPE was like swinging a tiger by the tail. Once you had it in the air, you couldn't let the thing down. It became evident to our whole family that Daddy had a tiger by the tail, and we all needed to be in there supporting him. We needed to be tolerant of his absences and understanding when he was home, tired, and always on the phone.''

HOPE's philosophy was simple: the organization would go only to countries willing to help themselves; it would go only by invitation; and the medical staff didn't work *for* the natives, but *with* the natives. ''That's still our tack today,'' says John Walsh, who, with his brother Bill, Jr., is involved in the family ''business.'' (A third son, Tom, is an attorney.) ''Our whole concept is that the world needs help, but that the people have to help themselves. Our tack is to go in and train people so they can take over the programs that we've initiated. We're not interested in being in places for long periods of time in a service capacity.''

Although the most welcomed ship in the world is gone, independent, nonprofit HOPE still covers the globe from its current headquarters at HOPE Center in Millwood, Virginia.

The Money Game

Outfitting the SS *HOPE* for its maiden voyage, to Indonesia, took two years. Dr. Walsh never hired an outside fund-raiser, yet he never had to purchase a single aspirin. Every piece of equipment and every dose of medication was donated. Still trying to balance his private practice with his expanding HOPE duties, Dr. Walsh would close his office for a day, schedule 10 to 15 solicitation appointments, and go knock on doors. The response was phenomenal. One company agreed to build two complete X-ray rooms gratis; another corporation donated a four-chair dental unit. The pharmaceutical industry offered to supply all necessary drugs. ''Helen was in charge of begging sheets and pillowcases,'' Dr. Walsh says. ''She also oversaw the nicer things, like getting furniture and a record player donated for the ship's lounge.''

A call was issued for American doctors, nurses, and technicians to sign up for a four-month tour of duty. The doctors were to be volunteers—they were promised only their airfare to and from the ship. All other staff would receive $300 per month. Who would agree to work for such paltry wages? More than 2,000 nurses offered to fill the 22 slots. ''We were deluged with volunteers,'' Dr. Walsh says. ''The tougher you make it seem, the greater the sacrifice, and the more people want to help.''

In spite of the free supplies and volunteer labor, money was an ever-present concern. The thousands of well-wishers who waited on San Francisco's dock to witness *HOPE*'s first sailing were almost denied the spectacle. Minutes before Vice President

Dr. William Walsh, who launched Project HOPE, is still at the tiller of this world-famous organization. Helen, Bill's wife and first mate, says the endeavor was like ''swinging a tiger by the tail.''

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Nixon dedicated the ship, Dr. Walsh was approached by an executive of the maritime company operating the *HOPE* on its maiden voyage. The man informed Walsh that the HOPE organization had no line of credit, that an advance payment of $500,000 was needed before the ship would sail. Dr. Walsh scribbled a check that left his account at $30.

"Every time the ship went out, we'd wonder, 'Do we have everything?' 'Is it going to make it?' " Helen Walsh says. "We were so involved. Until the crew dropped the rope and it was really wet, we all sat there chewing our nails. Even when it was in dry dock we breathlessly waited to see how much it was going to cost to fix this or that."

To the Four Corners

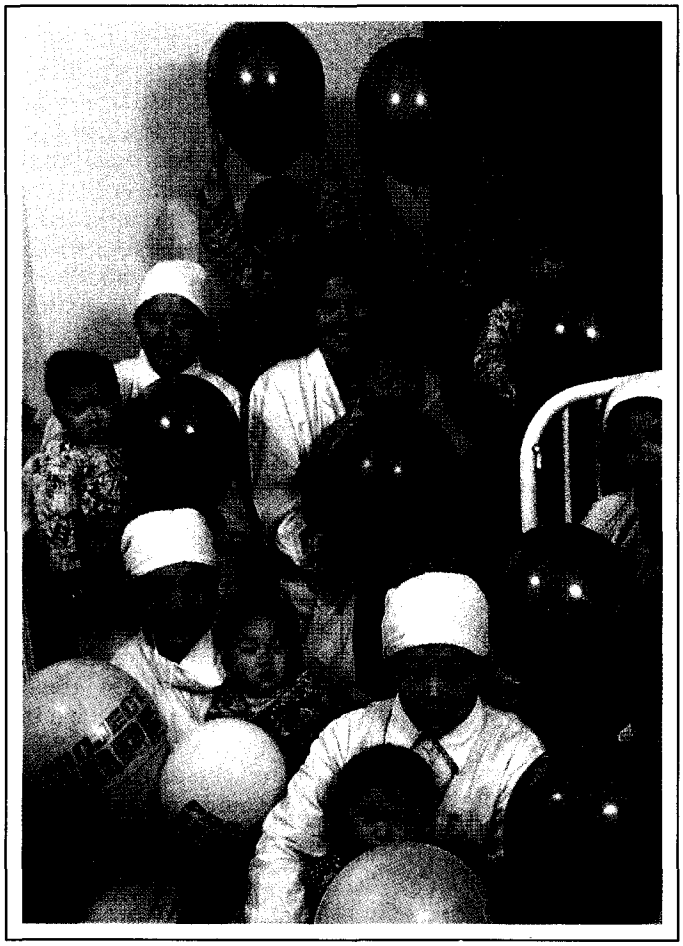
Among the earliest and most enthusiastic recruits were the three Walsh sons. John and Bill, Jr., were teenagers when they signed on for a mission to Peru. The experience proved so positive that they began spending all their summers on-board, with or without their parents.

"One year we were milkmen and helped make milk out of seawater," John says. "We had a reconstitution tank in the bottom of the ship where we desalinated the water. Then we had pasteurization and homogenization processes to make milk for the ship and the public-health programs on shore. Another summer we helped clean a leper colony in Ceylon [present-day Sri Lanka]. It was a sobering experience, especially for a couple of kids growing up in the '60s, with Vietnam and all the other problems. It made me realize that there is a lot of good out there, that everything isn't negative, and that the world needs a lot of help."

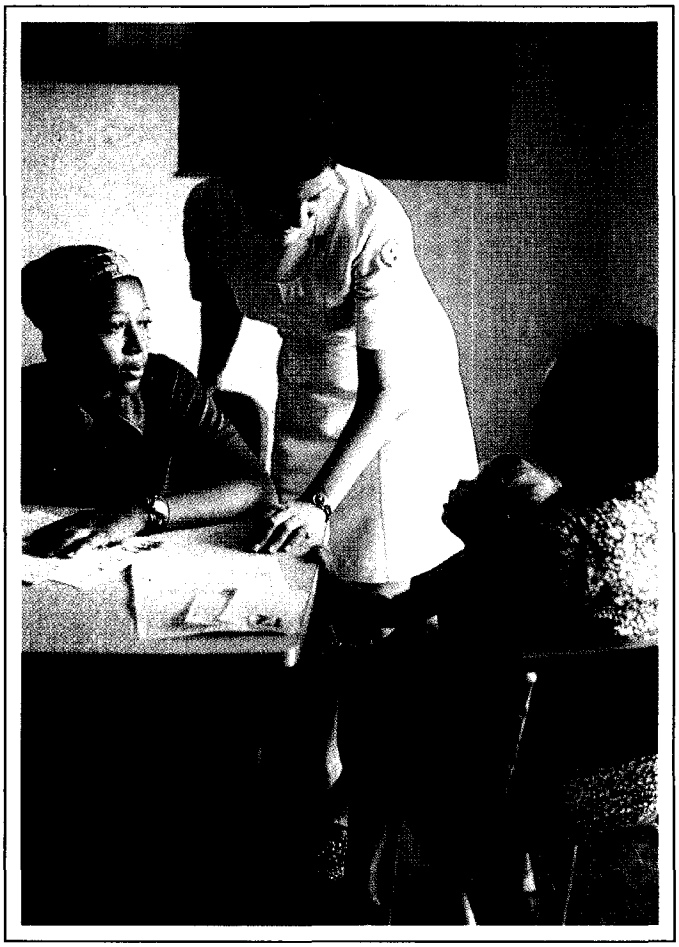
With every voyage, *HOPE*'s credits expanded. When the ship arrived at Trujillo, Peru, it was greeted by an old cow and a dozen Peruvians chanting, "Yankee go home." When *HOPE* steamed from the dock nine months later, 40,000 natives gave the crew a loud and tearful send-off. In Colombia, the American medical team launched one of the first clinical pathology departments in South America. In Ceylon, the *HOPE* staff initiated cancer scanning for women and treated more than 1,000 persons with eye and ear ailments. In Guyana, a training center for nurse practitioners was established. In Poland, two open-heart-surgery programs were begun.

"We were in Peru during a revolution, and both sides asked us to stay," Dr. Walsh says. "In Vietnam, the ship was machine-gunned as it steamed down the Saigon River. We took medical teams into the delta and had to have soldiers guard our doors at night. But no one bothered us, because everyone knew we were giving medical assistance. All the black-pajama people brought their children to us."

As Project HOPE gained worldwide recognition, it required more



The good ship *HOPE* never made it to Shanghai, but these residents are happy that the organization has established a pediatric cardiovascular surgery program on terra firma.



For every HOPE staff member there is a local counterpart. "Our tack is to go in and train people so they can take over the programs we've initiated," John Walsh says.

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and more of Dr. Walsh's time. Something had to go, insisted Helen Walsh. "I stayed in private practice until 1964, trying to do both," Dr. Walsh says. "Fortunately, my wife simply made the decision for me. When I came home from South America one time, I said I needed to go to the office. She said, 'You don't have to go to the office, because I closed it while you were gone.' "

Mothballs Ahoy

The decision to retire the SS *HOPE* was a more wrenching one. Surprisingly, it was Helen Walsh who felt the strongest attachment to the monstrous ship. The great white *HOPE* had dominated the family for 14 years, and each of the Walshes felt the loss.

"It was a real crusher," Helen recalls. "I was the one who cried the most. Like everyone who is involved with boats, I began to love the ship. John and I looked at the *HOPE*'s sister ship that the Navy was willing to give us, but we vetoed it. We crawled all over it and decided it could be adapted, and we'd be trading up a bit, but we'd still have a lot of the same problems."

The problems were partly financial and partly logistical. Many landlocked countries were requesting *HOPE*'s help; they couldn't accommodate the ship. The price of fuel had skyrocketed during *HOPE*'s lifetime, and on at least one occasion, the ship almost couldn't get home because of a shortage of oil. In addition, the seven labor unions represented on board were too costly.

Although Bill Walsh relished the memories—such as the time he and his family pitched in and painted the ship's interior to save money—he anticipated the new projects that could be tackled by a land-based operation. "I knew that without having a crew to worry about I would have that much more funding to put into medical programs," he says. "I knew I wouldn't be tied up for two months of every year negotiating with the shipyard."

The task of retiring the SS *HOPE* and returning it to the Navy fell to young John Walsh, now vice president for development. "It was sad," he admits. "I had sort of grown up on the ship. At one time, I had been administrator of the ship and ran it for a couple of years. My oldest daughter was born on board the *HOPE* in Brazil."

In recognition of 30 years at the precarious helm of Project HOPE, Dr. William Walsh was awarded the Presidential Medal of Freedom last year by President Ronald Reagan.

HOPE for the Future

After Project HOPE became a land-based operation, work continued in the family tradition. Bill Walsh, Jr., and his wife spent the early years of their marriage developing programs in Laredo, Texas, and Cartagena, Colombia.

Any fear that people wouldn't support an SS *HOPE*-less effort proved to be unfounded. The work of the Project HOPE foundation continues to grow, and most of its $40 million budget is provided by private donations. A couple of the most recent additions to HOPE's far-reaching mission are a highly regarded medical journal called *Health Affairs* and the Center for Health Affairs, the research and policy-analysis arm of the project. The new center works with congressional committees, government departments, and corporations to help them think through their health problems and suggest strategies to solve them.

At age 67, Dr. Bill Walsh still considers Project HOPE to be his "baby," but after 30 years he's convinced it can stand alone without him. If anything, the need for HOPE is greater now than ever, he says, especially in view of the worldwide threat of AIDS. Currently, HOPE programs are under way in 18 countries, including the United States. Last year a HOPE medical team returned to Indonesia, the site of the organization's first effort. This time the task was to train pediatric critical-care specialists to lessen the staggering death rate among the country's children. In Poland, HOPE is now coordinating the construction of a new wing for the American Children's Hospital in Cracow and providing relief supplies to 21 other hospitals. In Egypt, a HOPE team of biomedical engineering educators just worked itself out of a job after six years. The teaching programs, securely in place, can be maintained by the Egyptians. However, nursing education is an ongoing HOPE emphasis.

"So much has to be done," Dr. Walsh says. "I could spend $100 million if I could raise it." But there's never been enough money or time, so he gets by on a budget of less than half his dream, and he stretches it taut. He's had a lot of experience at doing that. After three decades at HOPE's helm, he still runs a very tight ship.

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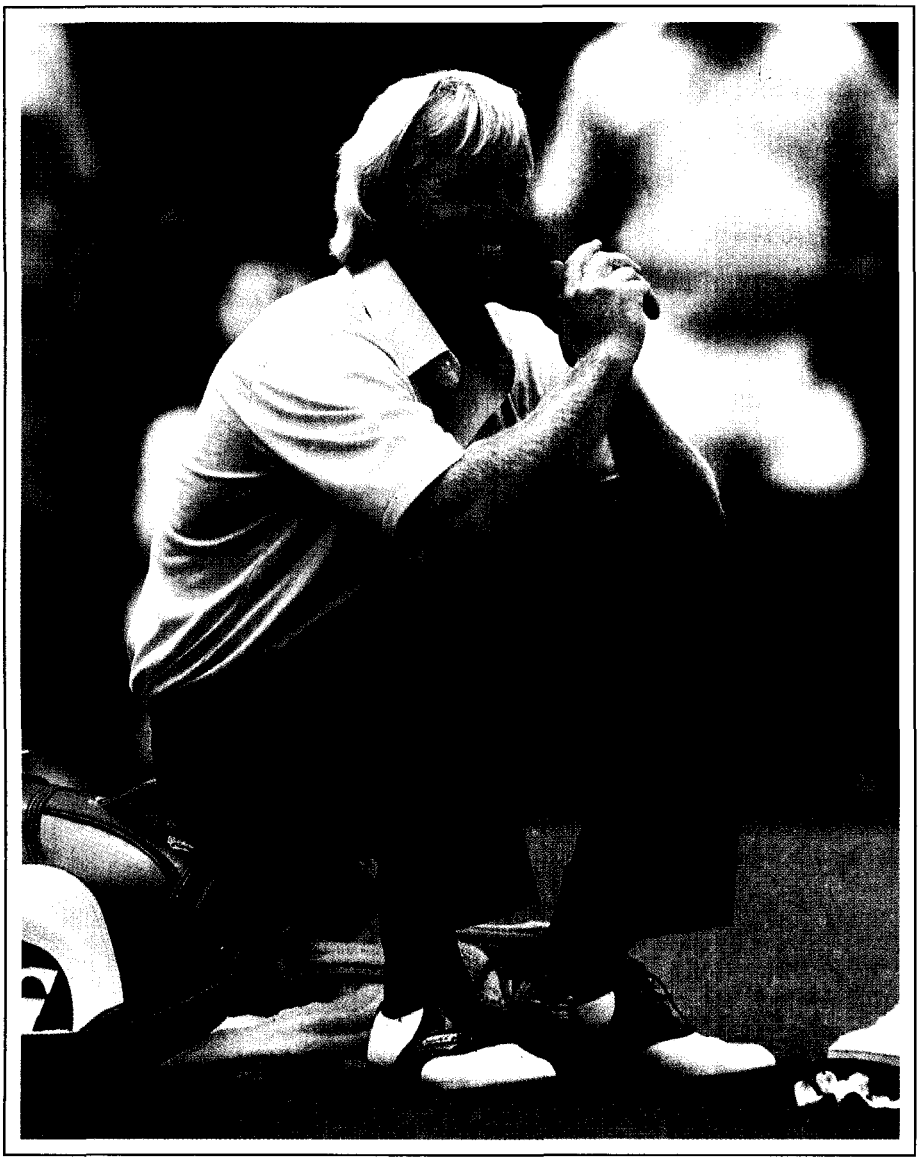
THE MADCAP SIDE OF PRO GOLF

Pranks, quips, caddie mistakes, and sudden breakdowns in equipment and clothing all add to the fun—and embarrassment—of the touring pros.

by Walter Roessing

Greg Norman, golf's sweet-swinging superstar from Australia, provided the biggest excitement at a pro-amateur tournament in California when his tee shot on the 15th hole landed about five feet from the pin. As the gallery burst into cheers, a philosophical spectator quipped, "That shows you can't beat a pro at his own game."

Next, an amateur in the same foursome nervously addressed his ball. He took a mighty swing, and—his ball bounced into the cup for a hole-in-one.



After recovering from both shocks, the amateur boldly asked Norman to verify the ace by writing on his scorecard, "You're a better man than I," and autographing it. Ever the good sport, the "Great White Shark" complied.

Wacky experiences are par for the course when America's three professional golf circuits—the PGA Tour, the Senior PGA Tour, and the LPGA (ladies') Tour—make their annual swings through dozens of states and several foreign countries.

Many spectators are surprised by the zany things that happen in the heat of tournament competition. Weekend hackers, used to seeing their favorites perform one miraculous shot after another on television, expect the touring pros to play errorless golf. Instead, at many stops on the play-for-pay tour, the pros are alternately blessed or cursed by whimsical, humorous, or capricious events, ranging from quips, lucky and unlucky bounces, pranks, and caddie mistakes to sudden breakdowns in equipment and clothing.

Great Cover-ups

Perhaps no golfer can top the madcap moments of Gary McCord, Frank Beard, Tom Weiskopf, Ted Kroll, and Fuzzy Zoeller. In the heat of competition, these pros have split their trousers before goggle-eyed galleries all over the United States, from Bob Hope's annual Chrysler Classic in Palm Springs, California, to the Doral Ryder Open in Miami, Florida.

McCord's mishap was particularly embarrassing. "You have a tendency not to do your laundry on the PGA Tour. And just before I started play on a very hot day in Memphis, I ran out of underwear," says McCord, who has earned nearly $500,000 on the circuit.

"On the 15th green, I bent over to pick up my ball when I heard this loud *rrrriiipp*. I had split my pants down the seam. In a panic, I dropped my ball and my putter and put both hands over my caboose. Then, realizing I had forgotten to pack my rain gear, I ran back down the fairway to borrow a pair of rain pants from another pro."

An amateur in Greg Norman's foursome, after making a hole-in-one, asked the "Great White Shark" to write on his card, "You're a better man than I."

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Although McCord has managed to put that episode behind him, Ted Kroll experienced a more painful brand of backside comedy in his younger days. Playing in an Indiana tournament, Kroll hit his ball perilously close to a barbed-wire fence. He selected the proper club for the difficult lie and approached the ball. Going into his backswing, he miscalculated the position of his fanny—and backed into the barbed wire.

As Kroll let out a howl that could be heard in Chicago, his picture swing went berserk. His club completely missed the ball, and clutching his wounded posterior, he fell to his knees in front of a group of unbelieving duffers. "I took a lot of barbs from my fellow pros for that crazy swing," Kroll quipped afterward in the clubhouse.

Arnold Palmer, a gallery favorite, has been privy to another backward experience, according to Tennessee Ernie Ford, who has played in pro-am affairs from Memphis to Phoenix. He says: "Arnie was on the tee just a short distance from some metal privies at Pebble Beach [California]. Just as he began to draw his club back, some guy opened the door to one of those privies. There was a loud squeak, like the door to a haunted house, and Arnie practically tore his shoulder muscles loose stopping his powerful swing in midair.

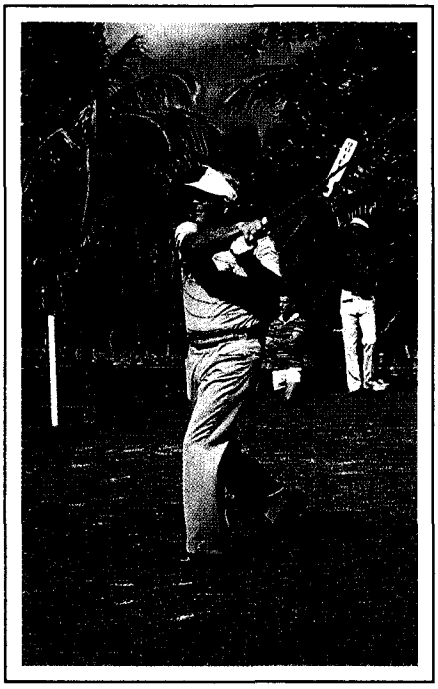
"When the spectator saw what he had done, he slammed the privy door shut. Well, Arnie wasn't about to go into his swing again on the chance the squeaky door would open in the middle of his swing. So Arnie waited, the fans waited, and the man in the privy waited.

"Finally, Arnie couldn't stand the suspense. Chuckling all the way, he walked off the tee and down to the privy. Knocking on the door, he said in a loud voice, 'Would you please come out so I can hit the ball?' A very red-faced fan opened a very squeaky door and met the incomparable Arnold Palmer face-to-face—as the spectators laughed up a storm."

Caddie Shocks

In his 34-year professional career, Palmer has had more madcap moments than you'll find in a Mel Brooks movie. During one Crosby Clambake at Pebble Beach, Arnie drove two balls out-of-bounds on the 14th hole. Both shots rocketed off a giant pine that had stood 35 years. The next day, the tree fell during a rainstorm. Arnie's devout followers are convinced their omnipotent idol, not Mother Nature, toppled the majestic tree.

Palmer adds, "Some of the strangest happenings on the tour are caused by young caddies who occasionally get too excited in the heat of the competition." Playing in a Westchester Classic at Harrison, New York, Palmer hooked his second shot on the 12th hole into the water. Before dropping a new ball, he tossed it to his caddie to wipe. The inexperienced



In one tournament Arnold Palmer drove his ball into a tree twice in succession. The next day the tree toppled over.

youngster—fearful of causing Arnie a penalty if he caught it—ducked, lost his balance, and tumbled into the lake with the ball, bag, and clubs. "We went through quite a drying-out process," Arnie reminisces with a big grin.

Gary Hallberg had an even more painful caddie experience last September 21 in the Greater Milwaukee Open. Tied with three others for the tournament lead on the final day, Hallberg faced a difficult 105-foot-long chip shot on the 17th hole. Requesting his 5-iron, Hallberg got more than he bargained for. Hallberg's young caddie—his sister, Debbie—inadvertently hit him in the head with the club.

"I couldn't believe it," Hallberg recalls. "I said, 'Debbie, here I am, biggest hole of my life, biggest day of my golfing career, and you hit me in the head.' Then I started thinking: it's a good thing she hit me in the head. It woke me up. It got me back into the game."

Hallberg made the chip shot for a birdie on his way to a 6-under-par 66 and the $108,000 first prize, only his second victory since turning pro in 1980.

But the last word on caddie stories rests with Bill Kratzert, the winner of four PGA tournaments. In the second round of the 1986 Anheuser-Busch Classic in Williamsburg, Virginia, Kratzert started off miserably. He drove into the water on the first hole, hit another ball in a lake on the third hole, and whacked a third ball out-of-bounds on No. 7. Kratzert then got the shock of his golfing life when he asked his caddie for another ball. The young man replied, "I don't have any more."

Even the worst duffer can usually finish a round of golf without running out of balls. But Kratzert's caddie had removed all the balls from the pro's bag after the opening round "because the bag was too heavy and I didn't want to carry all that weight in this heat."

Dumbfounded, Kratzert had to withdraw from the tournament because of his caddie's miscue.

Exclusive Clubs

Although it's elementary that you can't play the venerable game of golf without balls, sometimes the best players in the world excel without the latest in lean, light, expensive, and sophisticated graphite-shafted clubs. Indeed, some of the game's winningest players have been known to use older clubs—not the super-duper equipment advertised by sporting-goods manufacturers.

Hubie Green captured four tournament titles using a putter designed by a Milwaukee firm that went out of business in 1931; Johnny Miller chalked up many of his 23 tour victories with clubs built almost a quarter-century earlier; and Lee Trevino won the 1974 PGA Championship with an ancient putter he found in an attic. Fuzzy Zoeller and Ben Crenshaw have not been so for-

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CANCER CAN'T STOP HER

What's next for the award-winning Ann Jillian after the movie in which she relived the ordeal of her double mastectomy?

by Cork Millner

She was beautiful and she had on a lot of makeup, and the hotel's security director—a moonlighting Chicago police sergeant named Andy Murcia—figured her for either a lady of the evening or a theatrical type. The cop, responsible for keeping pimps, hookers, and burglars away from Chicago's Ambassador East Hotel, followed the woman across the lobby and into the Pump Room. The maître d' asked her if she wanted to sit at a table or at the bar.

Before she could answer, the cop said, "Let her sit at the bar and I'll ask her to dance."

The woman walked away; then she turned, looked back over her shoulder at the cop, and said with a smile, "I'm going to take a table; *then* you can come over and ask me to dance."

Ann finds support from both her real-life leading man, Andy Murcia (right), and her movie husband Tony Lo Bianco.

Ann Jillian laughs, with the deep, throaty laugh of the gum-chewing, brassy Cassie, her former character on the TV comedy series "It's a Living." "I have always been proud of that scene," she says. "That's the way Andy and I really met in Chicago ten years ago, and that's the way the scene was played in my movie. I lived a script long before it became one."

"I think she's *always* living a script," her husband, Andy Murcia, says happily. "Even before she made the movie, her life was scripted out for her."

Ann and her husband are sitting in the living room of their unpretentious but comfortable Los Angeles home—she calls it their "Ozzie-and-Harriet house"—and talking about their made-for-TV movie, *The Ann Jillian Story*. The film chronicles the couple's personal love story, but even more, Ann's deeply moving and inspiring ordeal with breast cancer. The critically well-received film drew a large viewing audience to become the highest-rated original TV movie of the 1987-88 season. It also made Ann Jillian a symbol of hope for millions of women who suffer from breast cancer.

Ann played herself in the movie. "That movie—in one nutshell statement—was the most difficult thing I ever had to do," Ann says and then adds, "and it always will be."

It isn't easy for an actress to portray her own persona. It has the elements of a play by Pirandello; the actress becomes a mirror image of herself, an illusion at once real and fantastical. It's like Alice stepping through the looking glass into another world.

"It was an unusual situation," Ann Jillian says, relaxing into an overstuffed couch. She is flawlessly made-up; her skin at age 38 is smooth and unlined, and her platinum hair curves around her head like a white plume.

"When the filming first began," she continues, "I kept asking myself, 'How would *she* do this?' . . . then, 'What would *I* do?' " She laughs. "Between 'How would she do this?' and 'What would I actually do as the actress,' I'd end up laughing at myself. I was the actress and the real person all at one time.

"When I had to think back to the time when Andy"—she looks at her husband on the opposite couch— "and I first met in the hotel in Chicago, I saw the scene in the third person. I remembered *another* young woman, and not me, even though I knew intellectually it was me." She cocks her head quizzically. "Does that make sense?"

The movie was filmed in Toronto, Canada, not Chicago, New York, and Los Angeles, where the actual story took place. Scenes were recreated but could not be duplicated, creating a difficulty for Ann.

"I went to Chicago on my own with a camera and took pictures of all the landmarks and places where we went, what we did," Andy says, "and I asked the producers to *please* use Chicago. How do you duplicate those little things? The restaurant and coffee shop we went to. . . ." He shrugs.

In *The Ann Jillian Story,* Andy Murcia was portrayed by Tony Lo Bianco, an Italian with sharp, dark features and a slender frame. Murcia is Irish and Spanish and his skin is pale, his features rounded.

"Nobody knows what I look like," Andy says, easing back into the couch and folding his arms over his ample stomach. He is a warm, friendly, good-natured huggy-bear of a man with a gruff edge—a characteristic no doubt left over from his days as a Chicago cop.

Ann Jillian studies her husband for

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a moment. "To me Andy has an Irish look. He has the map of Ireland all over his face."

Were the two of them pleased with the movie?

"Yes," Ann answers quickly. "Everybody at NBC was wonderful, and working with the director, Corey Allen, was great. I loved what he did. There is no way I could have had a screaming director."

Andy pauses before he answers the question. "I'm real picky," he says. His brow furrows; then, shaking his head, he adds, "I've got a *problem* with this movie, and I've been trying to put my feelings together."

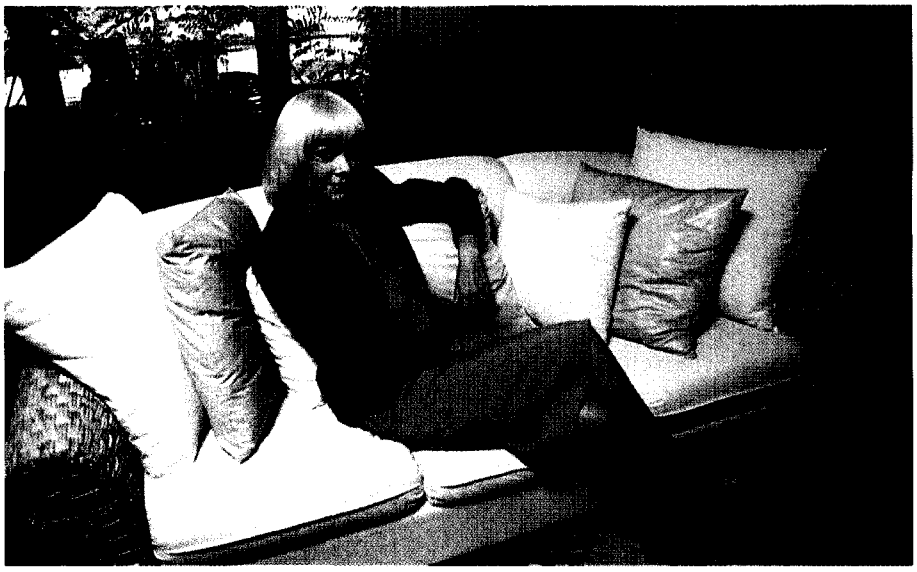
He pauses, thinking it out before saying it: "I'm *jealous* of the guy, Tony, who played me."

He leans forward, trying to explain, using his hands: "Not mad at him—jealous. Because next to me *he knows my wife almost as intimately as I do.* I think I resent that and it makes it hard for me to look at this thing objectively. I went through this cancer ordeal with her. She's my girl." He shakes his head. "I wish to h— I would have been an actor and done it myself."

Ann smiles warmly at him. There is obviously much love between them. Their close family ties are evident in the living room: the fireplace mantel is lined with family snapshots; a table near the front window also has a profusion of framed family pictures, as does a baby grand piano. On the glass-topped coffee table are photo envelopes stuffed with new family pictures waiting to be sorted and framed.

Andy shuffles a few of these photographs. "Don't get me wrong," he says. "I think Tony Lo Bianco did a great job. He would come to Ann's trailer before a scene, and he would say, 'Andy, make it naked for me; I want your guts! Strip it for me, come on, babe.' " Andy wipes his hand across his mouth. "He would get me to a point where *I* was almost reliving it. He would say, 'What did you do to her when she was sick from chemotherapy? What did you do with your hands?' And I said I was rubbing her back, like in a circle motion—she was over the toilet—I was holding her poor little stomach." He stops suddenly and looks over at Ann and sees something in her face. "Am I saying something wrong?" he asks.

"No, you're not," she says softly.



Lounging on her couch at home, the former patient looks healthy and fit; she had to lose an undisclosed number of pounds to play herself in her recent made-for-TV movie.

The experience of reliving the discovery of her cancer, the removal of both her breasts, and the four months of chemotherapy was more traumatic than she had anticipated. "I thought I would be protected because of the time that had passed, and because I could attack it from an actress' point of view. But it wasn't that easy," she says. The hardest thing for Ann Jillian was reliving chemotherapy. "In the movie scene where I was given the injection, I would taste the metal in my mouth again and feel the burning sensation and the fuzziness—then the sickness. And the *anger* would come back to me, all the *hate* I had toward this thing called cancer," she says.

Why did Ann Jillian subject herself to the ordeal again? Was it the actress in her trying to get out? Or was it something more? When she was still in the hospital recovering from her double mastectomy, a studio literary agent called and said, "Don't worry, we'll get you a book deal."

Ann Jillian's eyes go wide. "A book deal? I said, 'Get out of my face; I haven't come out of anesthesia!' " she recalls.

Ann didn't do the "book deal." But she did go public with her story and her struggle against cancer. "When you have an adversity, you can turn it around and make it work for the good of others," she says. One reason she decided to tell her story was a letter she received from a nun in New York.

"She said it very simply," Ann says. " 'God chooses his teachers in strange ways.' "

Ann, whose Catholic faith has always been a cornerstone of her life, told her story in national magazines. The response was startling—she received more than 100,000 letters. Ann started a "Life Saved" file of letters from women who had decided to do something about breast cancer. "Women were saying, 'If that blonde jumping bean can do it, if she can live through a mastectomy, then so can I,' " Ann says.

Then NBC suggested making the story into a movie. At first Ann was reluctant to do it. Then she thought: *If a magazine article could help this many people and save lives, think what one night of a movie could do. Millions of people would see it.* She also felt that the movie would be the final act in talking publicly about her ordeal. She would continue to address the subject on a humanitarian level (she is a spokeswoman for the American Cancer Society), but she would separate that from her work as an actress.

At first Ann didn't think she would play the role of herself in the movie. "She was the only one who thought so," Andy says. "She kept saying, 'No, it shouldn't be me,' and it took three days to convince her."

Although Ann Jillian looks healthy and fit sitting on the couch today, at the time, her chemotherapy treatments had caused her to go from a size 8 to a size 16. The fact that she had to portray a size-8, 26-year-old

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woman in the movie spawned a dieting panic. She says, "I had told the producer I would use some of my own clothes in the film; then I discovered I couldn't put my leg into some of them!" She lost the weight in five months—and has kept it off.

It's tough to squeeze ten years into 94 minutes of a movie. Does Ann Jillian feel it was a fair representation of this ever-changing and dramatic period of her life?

"Yes, it was," she says slowly; and then she hedges, "But there was one thing the movie missed. Andy and I both wanted to have some montages to explain visually, in a capsulated form, what transpired in my career as an actress." She smiles wistfully. "We wanted that so badly."

"The problem was, the movie represented her more as a singer," Andy adds. "Sure that's what she was when she started out, and that's what she was when I met her, but her fame came as the result of her acting and her Emmy nominations for her portrayal of Mae West and her acting job in *Ellis Island.*" He shrugs and asks, "Where was that stuff in the film? What does anyone know about her life before we met?"

• • •

Jurate Nauseda was the second child born to Lithuanian parents. Ann's mother wanted to be an actress but had to leave Lithuania to escape the Russian takeover. "I was born in Cambridge, Massachusetts," Ann says, "but I must have been conceived on the USS *General Mercy* en route to America!" And she bursts into laughter.

Her mother had little Jurate dancing and singing by the time she was four years old. The little girl appeared on Art Linkletter's television program "House Party" and was asked to sing. She did, and they practically had to use the hook to get her offstage. When she was 12, she auditioned for the film *Gypsy* and got the part of Dainty June opposite Natalie Wood and Rosalind Russell. Ann also played Little Bo Peep in Walt Disney's classic *Babes in Toyland.* She continued performing through high school and later obtained a scholarship to the Los Angeles Civic Light Opera.

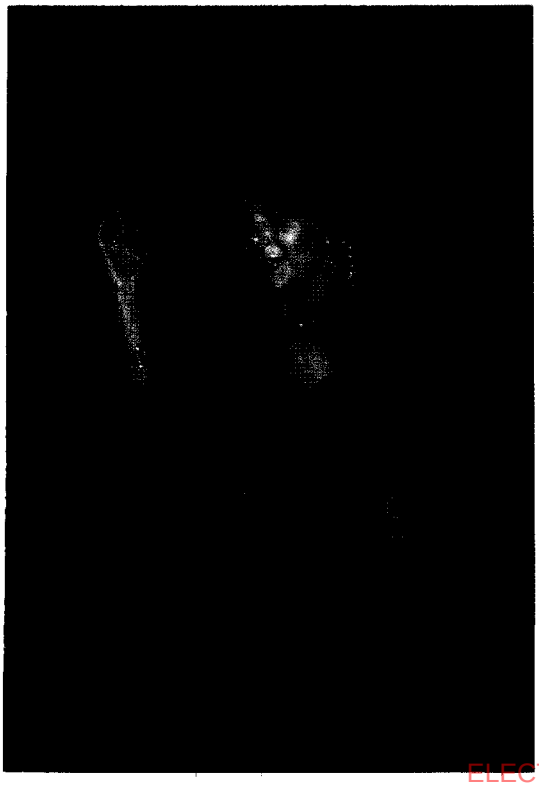
While performing as a torch singer with a traveling troupe, Ann met a Chicago police sergeant, Andy Murcia. She quit performing to dedicate her time to being a wife.

"There I was, a policeman's wife with no place for the creativity to get out," she recalls. "It was trying to come out my fingers, out of my pores." That's when she met Mickey Rooney and was cast with him and Ann Miller in the Broadway smash hit *Sugar Babies.* An executive from NBC saw the show and cast her as Cassie in the TV comedy series "It's a Living."

Another blonde bombshell had landed in Hollywood.

Although Ann Jillian was asked, she never played nude scenes. Today, even the sexy stuff is not a thing of the past for Ann. She can't show cleavage, of course, but she can look great in a sweater. (Since her chest muscles are intact, she could have reconstructive surgery, but instead, she wears prostheses—and she can order them to any size. Her sense of humor makes it easier to laugh at this than to cry.)

Before she had her mastectomy, Ann played the sexiest—and her personal favorite—role of her career: Mae West. On a wall in her living room is a near-life-size photograph of Ann in a tight-waisted black gown and feathered hat. "Mae West was a flamboyant and wonderful character," she says, "and she gave me my acting stripes." (Jillian's first Emmy nomination was for her performance as the "Come up and see me sometime" actress.)



An outstanding portrayal of Mae West brought the actress her first Emmy Award nomination.

Ann, with fellow early starter Linda Blair, sang her way into her second film role at age 12 as Dainty June in *Gypsy*.

Where does she go from here? Although she would love to do comedy, she left her successful TV series. "The character of Cassie was going down the tubes," she says. "The writing had changed—for the worse—so I quit."

She stretches her arms, tiring from the long interview. "*Born Yesterday*—I've always loved that. You know, the part Judy Holliday made famous. But, *you* may want to do something, and the producer doesn't see you as that type of person, so. . . ." Her eyes seem to take on an extra luster and you can see the energy coming through.

And you have to look at her, this sometime blonde bombshell, with the unbridled exuberance, and the lively eyes, and the platinum hair and flawless complexion, and think, yeah, *Born Yesterday*—Judy Holliday—it fits.

It also fits in with her answer when asked how would she like to be remembered 40 years from now.

She pauses for a few moments and then says softly, "Just say that Ann Jillian made somebody feel good, made somebody smile."

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TRY NOT TO BLEED

Hubby can thank his dear wife for keeping his blood below the required dipstick level by coming up with devious means of draining it off.

by Maynard Good Stoddard

Illustrated by Don Trawin

I have bled in all 50 states except Alaska and Colorado. The reason for these omissions: I've never been to Alaska, and my dear wife didn't accompany me to Colorado. She *was* with me in Mexico, Canada, France, England, Holland, Belgium, West Germany, Switzerland, and Austria, and I have bled in those countries, too. I missed out on little Liechtenstein only because we passed through before she could come up with an excuse for opening one of my main arteries. As for Hawaii, she says she had nothing to do with my falling over the trash container after gawking at the girls in dental-floss bikinis. I say she could have hollered "Trash container!" or "Look out!" or something.

Her main weapon on these foreign junkets is her suitcase. She delights in leaving it on the main route to the bathroom. Then when I'm stumbling toward the door at night I at least fall over it. If this should send me charging headlong into the wall, so much the better.

Her greatest triumph occurred in Vienna the night I plunged out an open patio door. I was spared the embarrassment of going over the balcony rail only by colliding with a wrought-iron chair. As luck would have it, I crawled back to bed suffering nothing more serious than what is listed in the lexicon of football injuries as a hip pointer.

Because my wife has packed everything imaginable into her suitcase, she has to call on me to close the thing. This is usually good for a dislocated knee from trying to bring the two sides together. And if I fail to get my best finger half severed by one of the snaps, she gives me a second chance on the handle she pulls the thing with. Still, that's better than risking a hernia by having to carry her bag as well as my own, besides her coat, my coat, her overnight case, two umbrellas, a packet of travel folders, and a sack of souvenirs. *She* has her purse to lug all over the place, you know.

I have scraped my shins to the bone trying to help her into a bobbing Hovercraft for the trip from Cancun to Cozumel. I have had my left shoulder all but paralyzed from being leaned on while mounting the steps of the pyramid at Chichén Itzá. I've had press-on nails pressed a full inch into my back during a tram ride up the Stanserhorn mountain in the Swiss Alps. But for all the satisfaction my dear wife gets from seeing my blood flow in foreign countries, it's home-sweet-and-sour-home where she hits her stride.

• • •

The Furniture Caper is one of her favorites. She began this assault by stocking our living room with two end tables and a coffee table having matching glass tops. Sure, someone with 20/20 vision can see the corners of those things. But for someone who has trouble just finding the doorway to this torture chamber, they are murder—or as close to it as I care to come.

Have you ever seen a girded tree, whose bark has been peeled off in a strip around the trunk so it will die of its own accord? Then you know how my legs look after 11 years of hitting the corners of the coffee table with my shins, my calves, and the tenderized flesh in between. The few times I've remembered to detour coincide with the times I hit my shin on the end table. And the funny thing is, says my dear wife, that's when I jump back and gash the calf of my leg on the coffee table—which sends me forward again. In other words, it's just one grand circus.

Changing the location of the furniture has also proved effective. In a man's garage, the car goes here, the mower is there, the stepladder over there, and so on. He can find what he wants blindfolded. But the distaff side can't leave the television in one corner of the room for longer than a week without switching it with the easy chair. Not that I have ever tried to tune in "Wheel of Fortune" on the easy chair, but I did give my tailbone a week's sabbatical by dropping onto the television one night before turning on the floor lamp.

Then there are the foreign objects she loves to plant in my normal route to the aforementioned floor lamp. The cleverest of these, to date, are the quilting frames. Had they been

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erected I might have escaped with nothing more serious than a fractured pelvis. As it was, they tripped me up, sending me headfirst into the wall and then bottomfirst onto the floor register. Luckily, I don't belong to a nudist colony, because for the next three days my right flank could have been mistaken for a waffle.

Concerned that I might have damaged the frames, borrowed only that afternoon from Alma Walters, my dear wife hopped over me to turn on the light. Finding the frames O.K., she asked, as an afterthought, "Are you hurt?"

Why, no. How could a man get hurt by ramming his head into a wall and falling backward onto the floor register?

• • •

I still carry scars on my once-noble brow from the den affair. My dear wife, not having made me bleed for three days straight and evidently thinking this might be bad for my circulatory system (I have no overflow tank), volunteered to help me install bookshelves in this room where I put words to paper. Nor could I talk her out of it.

The supports for the shelves are the kind that have a metal track running up the wall. Brackets fit the slots in the track, and then the bracket hooks are tapped down. My dear, dear wife, in her enthusiasm to get the job done, failed to tap down the brackets for the top shelf. So I was handing the last of the books up to her when—what to my surprise—I was greeted by a cascade of shelf, books, and brackets that brought me to my knees and my head to rest on a marble-top table.

"If you are going to use language like that," she said, after I had regained my faculty of speech, "I'm not going to help you anymore." It was my first break since she came down with lockjaw.

• • •

Of the many strategies the dear woman employs for keeping my blood level below the dipstick requirement, she relies most heavily upon the stepstool. It has beaten out even those cast-iron pots she hangs from the ceiling, with which she is reshaping my head into the contour of a Hubbard squash.

Nor am I forgetting the miniature ponies she supposedly took on as a hobby. They actually were for the sole purpose of getting me up at 2 a.m., so I could retrieve them from the neighbors' while they took turns chewing on the calves of my legs and knocking me into the ditch. I'm still looking for a pair of glasses out there in the bushes somewhere.

One of her favorite stunts with the stepstool was to have me mount the top step to jump on a board she wanted broken. She had prepared the board by supporting each end on a cement block. The board being rotten on the underside, I went right through it, sprained both ankles, and had a fairly satisfactory hole opened in my right earlobe by one end of the board.

I had no more than nicely healed from this duplicity than—under the pretext of running a wire from a corner of the house to the elm tree for the dog to run on—she invited me up on the stepstool again. What she really had in mind, once I was up there holding one end of the wire, was to pull on the other end ("to make it nice and straight," you know) before I had my end secured to the house. By so doing, of course, she succeeded in pulling me off the stool and onto the brick walk leading to the shed. The stains are still there.

There are times the stepstool is not quite high enough and the stepladder too high for what the dear woman has in mind, and she has to come up with something in between—like the contrivance she came up with this past Christmas season.

I had come slogging into the house after an unscheduled hour of aerobics from trying to catch up with a snow blower that took advantage of my gift for falling down by blowing stones instead of snow the length of our two-track driveway and back. And this clever woman had obviously timed the placing of the angel atop our Christmas tree to coincide with my entrance. For this purpose she had erected a scaffold consisting of an end table, the ottoman, and two volumes of the Encyclopaedia Britannica. And she was making a pretense of scaling this precarious construction when, in my stupor, I said, "Here, I'll do that. You'll fall and break your neck."

So saying, I mounted the makeshift setup, stretched up to anchor the angel on the spike at the top of the tree—and came to on the floor behind the sofa. "If you're going to bleed," my dear wife was saying, checking the angel for damage, "please do it over the poinsettia. I just cleaned the carpet."

With great will power, I didn't bleed a drop. I wouldn't give her the satisfaction.

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IF YOU HAVE A HEART ATTACK, HOPE YOU'RE IN SEATTLE

The combination of a CPR-trained citizenry with a fast emergency-care system is paying off in saved lives for this prevention-minded city.

by Christina Rylko

More people in the United States die from heart disease than any other cause. About two-thirds of these deaths are from heart attacks—claiming more than 1,400 lives every day, one victim every minute.

But there's one city in the United States that's beating these terrible odds. In Seattle, Washington, about one-quarter of the men and women who have sudden cardiac arrests are resuscitated and eventually walk out of the hospital and back to their lives.

This remarkable survival rate is due in great part to Seattle's citizens—ordinary people who have learned how simple it is to be a hero and bring a clinically dead person back to life!

A 60-year-old Seattle man is playing golf one sunny Sunday. Suddenly he slumps over his golf bag and falls to the ground. On the next fairway a foursome of high-school boys hear his partner's calls for help. Because they had a CPR course in their school the week before, they are able to run over and begin help immediately.

Seattle's Emergency Medical System Makes Every Minute Count

In the past two decades, medical technology has developed to the point that even when a victim has a heart attack, when he or she is clinically dead, it is a highly treatable condition. The most critical factor is how long it takes to get treatment to the victim.

When a person has a heart attack, the pumping action of the heart has stopped. He or she will become unconscious in a matter of seconds. If circulation is not restarted within four minutes, the brain will suffer permanent damage. If your loved one does not have any help in eight to ten minutes, he or she will be permanently dead.

The quickness of Seattle's emergency medical system is one of the reasons it has been so successful in saving its residents from heart attacks. When someone dials 911 to report a medical emergency, at least two emergency units are dispatched to the scene.

The author, Christina Rylko, who lives in Seattle, is the *SatEvePost* television producer who supervises and narrates videocassettes for the Society's HEART MOBILE and AIDS MOBILE.

The first to arrive is a team from the closest fire department that's trained to administer CPR. Close on its heels is a paramedic group with advanced medical equipment. This "two-tiered" approach to sudden cardiac arrests averages a response time of less than three minutes for the CPR crew; the advanced medical backup arrives from four to seven minutes after the first phone call.

But at this point, Seattle officials faced a tough decision. They had developed an exemplary emergency-response system for heart-attack victims. But every minute the victim does not have CPR results in a significant decrease in his chance for survival. Lowering the response time by just 30 seconds more was calculated to require 31 new emergency-care vehicles, each costing about $43,000 per year.

A Revolutionary Idea: The Citizen to the Rescue!

The solution to this budget dilemma was so simple that it was revolutionary. The person most vital to a heart-attack victim's survival is the one at the scene of the heart attack. If these ordinary citizens could be taught how to begin CPR right away, medical experts predicted that there could be a much better chance for survival.

So in 1971, Seattle started a remarkable program called MEDIC II. With the cooperation of fire department personnel already trained in CPR as instructors, a three-hour session in CPR was offered free to the public. In those three hours, each participant would be taught how to recognize the signs of heart attack, how to call for help from Seattle's emergency-care system, and how to maintain the victim's breathing and circulation using CPR until trained personnel arrived.

A man playing racquetball in a Seattle suburb started having trouble. Although he'd apparently had no history of seizures, his breathing had nearly stopped and his pulse was almost absent. A basketball player from another court rushed over and started CPR. Two minutes later an aide crew arrived and his condition was stabilized.

Seattle's CPR program was the first attempt in the United States to teach CPR to citizens on a citywide basis—and the city became excited. The response to MEDIC II was so overwhelming that its original goal

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—to train 100,000 people in CPR in three years—grew and expanded. Today, 18 years later, MEDIC II has trained more than 400,000 Seattle/King County residents—that's about 35 percent of the total population. It continues to teach 2,000 people every month and intends to have all Seattle residents over age 12 be exposed to CPR instruction.

And are these newly trained citizens using their CPR? Well, in 1970, only 5 percent of resuscitations in sudden cardiac arrests had been started by a bystander at the scene. After ten years of community-wide training, that figure increased to 40 percent. For other cities who report such figures, the average is 20-25 percent.

The Ultimate Payoff: CPR Doubles Survival Rate

The combination of a CPR-trained citizenry with a fast emergency-care system has given Seattle the best statistic of all—a program paying off in saved lives.

In a survey of people ultimately discharged from the hospital after suffering a heart attack, 43 percent who had CPR started right away by a bystander were ultimately discharged from the hospital, compared to only 21 percent of people who had to wait for CPR from the emergency medical system. Thus, bystanders who started CPR themselves were able to double the survival rate over situations where bystanders did nothing but call for emergency help.

Another obvious benefit of bystander-initiated CPR was shown in the neurologic course of resuscitated patients. At the time of hospital admission, half the patients who had received bystander CPR showed at least some form of conscious behavior. In contrast, only 6 percent of the patients for whom resuscitation had been delayed until the arrival of emergency-care personnel showed such responses at the time of hospital admission. Similarly, there was significantly less neurological impairment at hospital discharge when bystanders had initiated CPR.

The *Post*'s production manager, Dwight Lamb, instructs a fellow Society employee about the correct CPR procedure, a technique he honed as an army medical specialist.

A man was walking up to the entrance of a Seattle hospital when he slumped against a car and collapsed. An electrician and his friend saw the man go down. One called for help, and the other began CPR. Staff from the hospital emergency unit came out to aid the victim, but the citizens were doing such a good job that they were allowed to continue. Soon advanced medical teams arrived and gave the victim electric shocks. The victim woke up within an hour of the collapse and had a complete recovery.

The People Who Need CPR Most Aren't Learning It

Despite Seattle's great success in

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ON THE ROAD AGAIN...

The HEART MOBILE heads out to screen for dangerously high cholesterol levels among the unsuspecting . . . to teach older matrons why they should learn CPR . . . to introduce new technology that allows nonmedically trained persons to defibrillate a heart.

by Cory SerVaas, M.D.

When the shiny new HEART MOBILE arrived at Society headquarters in January, we were eager to put it into use. We called our accomplished cholesterol checkers, stowed our computerized Reflotron blood cholesterol sampling machine aboard, and headed down to Harbor Light Center, a nearby Salvation Army depot in downtown Indianapolis for our first heart-attack-prevention mission.

Our first client, Jim, offered up his finger for the light pin prick. Only a small spot of blood on a strip of absorbent material is needed to set the Reflotron into motion. In just 172 seconds, the blood sample's cholesterol count appeared in bright green numerals. Jim's was a low 158. He went away smiling. Cholesterol readings in the 100 to 150 range are considered ideal. Readings from 180 to 200 are, according to some physicians, a bit higher than desirable. A reading of 250 or higher is just cause to go into action. Our next visitor received a reading of 208 and an admonition that such foods as bacon, eggs, and ice cream can contribute to high cholesterol levels.

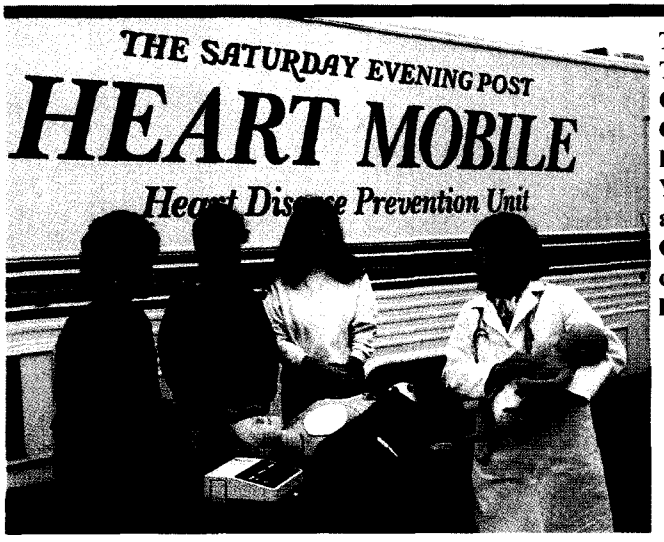
The Reflotron really went to work when Mary arrived. Her reading was a disturbing 319. She agreed to make an appointment with her doctor to let him help her lower the reading.

High cholesterol levels are considered a factor in heart attacks, and preventing heart attacks is the No. 1 mission of the HEART MOBILE.

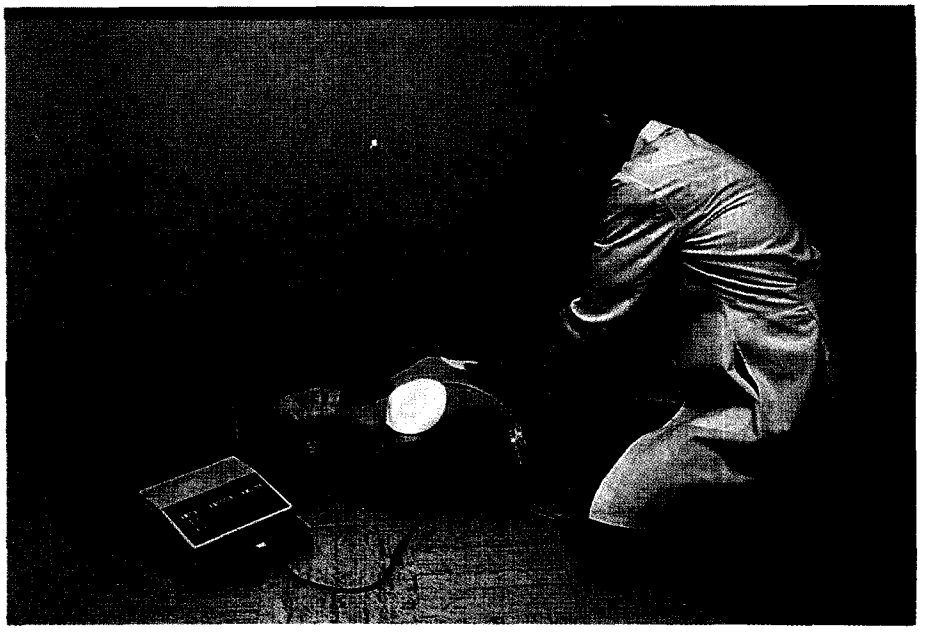
The Framingham Heart Study of the National Heart, Lung, and Blood Institute indicates that cholesterol levels up to the 200 to 220 range show a relatively constant rate of heart disease. If cholesterol levels rise from 200 to 250 the heart disease doubles. But when levels go from 250 to 300 the risk of heart disease doubles again.

The new HEART MOBILE targets three ways to keep the heart pumping:

1) *Cholesterol screening* for check-



The *Post*'s Janet Cox, Terri Luther, and Cheri Clark learn how to do CPR on a baby whose heart has stopped. Young men and women are more likely to know CPR than are senior citizens, who are more likely to need to know.



When CPR doesn't start a heart, it might be in fibrillation (shaking like a bowl of jelly). The HEART MOBILE carries a HEART*AID 1000, a lifesaving device simple enough for home or office use where persons are at risk for coronaries. While out on the HEART MOBILE, Andy Burnett, an advanced emergency medical technician, encourages companies to train their personnel in CPR and to make computerized defibrillators available in the workplace. Who needs an automatic defibrillator? A factory or office with employees age 50 or over who have high-cholesterol diets, smoking habits, high blood pressure, and sedentary lifestyles. General Electric has recently acquired 90 automatic defibrillators for their plants. Boeing Company has saved two employees' lives with its defibrillators.

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ing the visitors for cholesterol levels, and videotapes to teach cholesterol-lowering diets and exercise.

2) *CPR* demonstration videotapes to teach CPR for adults and babies.

3) *Defibrillation* demonstration for jump-starting the heart with the new user-friendly computerized defibrillator.

We don't let people get away from the HEART MOBILE with just a cholesterol count. Those with high readings are invited to stay and view the videotape of nutritionist Carmen Brining. The tape outlines simple dietary and exercise methods for lowering cholesterol levels.

Carmen tells them, "It is important to realize that saturated fats can raise your cholesterol levels as easily as the cholesterol in foods. Saturated fats are quite high in animal fats. The key here is to have lean cuts of meat, and smaller portions. Switch from whole or 2 percent milk to ½, 1 percent, or skim milk; use low-fat cheeses.

"Saturated fats are also found in palm oil, coconut oil, palm-kernel oil. You are most likely having quite a large amount of these, since they are used in many food products, such as potato chips, crackers, frozen whipped toppings, many cake and cookie mixes, for example. They are as saturated as lard. Ironically, some imitation sour creams use coconut oil, making that imitation sour cream more saturated than regular sour cream!" Carmen explains.

To lessen the cholesterol in the diet, Carmen's videotape cautions about eggs, liver, and organ meats.

On the more positive side, she recommends fish and fiber as foods that actually lower cholesterol.

Another videocassette tape on board demonstrates how to do CPR in the event one ever witnesses someone having a heart attack. A Resusci Anne and a "resuscitation baby" are also aboard the HEART MOBILE for demonstration purposes. Doing CPR on a baby is quite different; a videotape shows visitors interested in learning it a quick summary for starters: 1. Cover the nose *and* the mouth of the infant when blowing in, because you won't be able to pinch the nostrils and still cover the infant's mouth with yours. 2. Apply pressure with fingers placed between the infant's nipples. It is hoped the viewer of the tape will be sufficiently motivated to go to a Red Cross or local fire-station instruction class where similar mannequins will be available on which to practice CPR. (One never practices on a person who doesn't need CPR.)

Perhaps the most exciting addition to the HEART MOBILE is a new piece of equipment that can jump-start a heart that is fibrillating (shivering and quivering like a bowl full of jelly). Of course, a heart muscle can't pump any blood through the body if it is quivering instead of beating. This happens when a heart loses its electrical charge. It just needs a jump for the electric current in the body to start functioning again, causing the heart to beat in a synchronized

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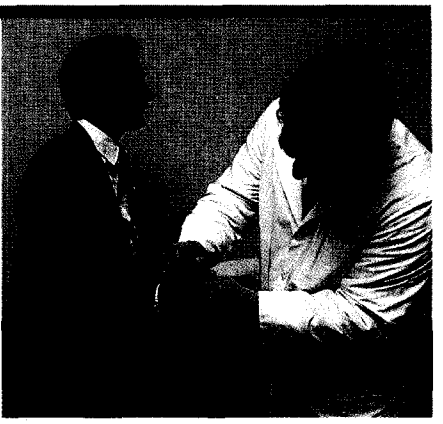
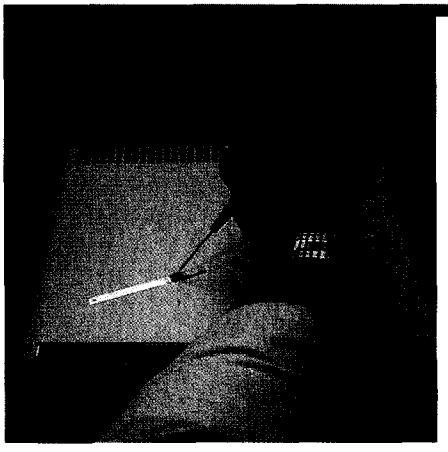
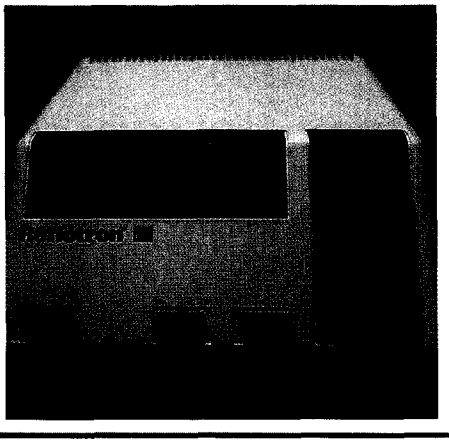
For those who are squeamish about a finger stick, we discovered that an ear prick is virtually painless.



Peter Michael, *Post*'s director of TV, lets phlebotomist Walter Dann use the finger stick to determine his cholesterol level.





Walter Dann deftly applies a drop of blood to the treated strip and feeds it into the computerized Reflotron (above). The squeamish victim with the ear stick gets a cholesterol reading of 192 (left). Peter had 150, which means 150 milligrams per deciliter. To Peter it simply means A-O.K.

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HOW TO JUMP-START YOUR HUSBAND'S HEART

New battery-powered computerized defibrillators prescribed for home use can automatically revive heart-attack victims at the touch of a button.

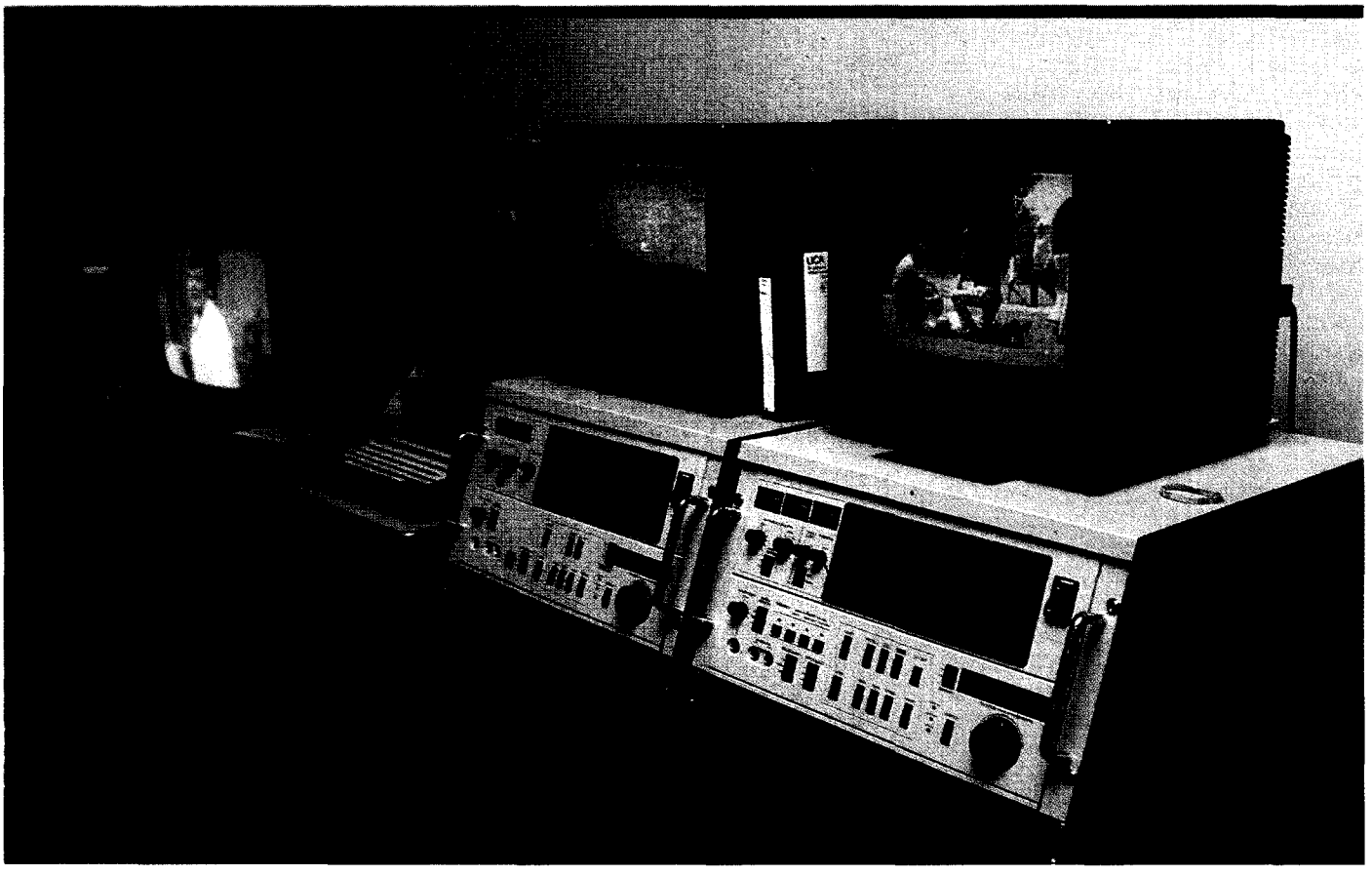
by Paul SerVaas

Having survived two heart attacks, Roland Huggins knew he was in a fight for his life. His two previous attacks had weakened his heart muscle and made him a prime candidate for yet another heart attack. After his doctor had advised him of the deadly statistics, it was decided that a portable home defibrillator would be prescribed for Roland. The battery-operated and computer-controlled device weighed only seven pounds, but all concerned knew that Roland would be in no position to administer the lifesaving shocks to himself should he again be stricken. His wife, Dorothy, was the key. By training Dorothy to operate the device, Roland greatly enhanced his chances of surviving an out-of-hospital attack. While vacationing in California six months later, Roland suffered his third heart attack during a roadside stop. Dorothy quickly affixed the two shock pads to Roland's chest. After one shock and less than a minute of CPR, Roland regained consciousness. Five days later, after a short stay in the hospital, Roland and Dorothy met their children in time for Christmas at Disneyland.

Let's face it—the reason most wives outlive their husbands has a lot to do with the husband's heart. Bad habits, stress, and genetics have conspired to make the male heart more vulnerable. Devices such as Roland's can help ensure that more men are not cheated out of any of the 3.5 billion heartbeats typically due them.

One name doctors give to a person's last heartbeat is "sudden cardiac death," or SCD. SCD is one of life's most dramatic medical emergencies. It claims more than 400,000 lives each year, even though approximately 70 percent of these deaths are witnessed.

Ventricular fibrillation (VF) causes most of these deaths. Two out of every three heart attacks are accompanied by VF. When VF occurs, the



Videocassettes for the HEART MOBILE are prepared in the *Post*'s TV editing room. The monitor shows a simulated heart attack taking place on the unlucky 13th green. Tapes are aimed at women whose husbands are past 50.

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heart suddenly stops beating and begins to flutter uselessly. The instant this happens, the victim becomes utterly helpless and dependent on those around him. A quick call to the local Emergency Medical Service (EMS) and administering CPR are apparently not enough. Only 5 percent of persons suffering cardiac arrest outside the hospital survive. The problem is that even the best EMS takes too long in arriving. (Ten- to 14-minute response times are not uncommon.) During this wait, even perfectly administered CPR (though certainly imperative) does nothing to return the heart to a normal beat. That is because CPR does not defibrillate hearts, *electricity* does!

Applying electric shock to the heart to return it to normal beating is called defibrillation. We've all seen it done (usually successfully) on TV hospital dramas. For once, television is true to life. Studies show that cardiac-arrest victims defibrillated within the first 3 to 5 minutes have a 70 percent chance of survival. Recently, portable defibrillator units have been successfully used by some emergency-response services in saving lives outside the hospital. Twenty-eight percent of those defibrillated after 14 minutes survive. Although heroic, this success rate is still low compared to the better than 70 percent survival rate achieved inside hospitals.

To save more lives, therefore, the FDA has approved a special type of defibrillator for home use. The equipment was endorsed by the American Heart Association in 1986. The difference between the home and the hospital units is that the home units are completely automatic. A carefully tested computer within the device decides if, when, how often, and how much electrical shock is needed. The computer's decision in each case is based on what it senses through the two pads placed on the patient's chest. Thus, turning on the machine and quickly placing the pads on the patient's chest is half the battle. The other half consists of not panicking, remembering to call the EMS before all else, and following the machine's instructions on when to apply CPR. (It is also important to listen to the machine when it instructs you to stand back while the shock is being applied.)

The HEART*AID 1000 ($4,995), made by Cardiac Resuscitator Corporation in Portland, Oregon, actually gives spoken instructions throughout the entire process. It also tape-records all aspects of the heart's rhythm before, during, and after being shocked. This, along with a voice recording, helps doctors reconstruct what happened during the attack.

Tests have shown that when prop-

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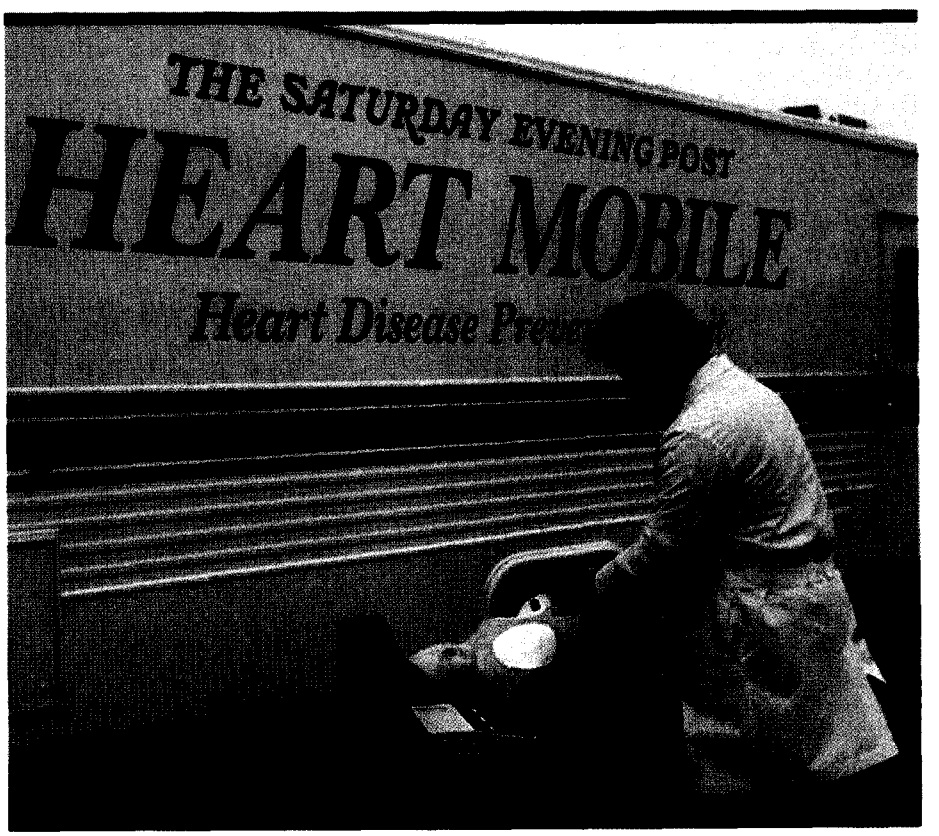
For the man who has everything and bypass surgery to prove it, his best investment is a wife and secretary trained in CPR and checked out on an automatic defibrillator. In a home setting, Andy Burnett demonstrates that pushing a button might save a life.



Walter Dann prepares a demonstration of CPR and the computerized automatic defibrillator. He'll show placement of the electrodes on the CPR mannequin, because one doesn't practice with equipment on persons not needing defibrillation.

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SPEAKING OUT

Premarriage AIDS Counseling

The AIDS MOBILE staff discover one or more AIDS-antibody-positive individuals in high-, medium-, or low-risk populations at almost every site. One was discovered on this demonstration excursion to the U.S. Capitol plaza.

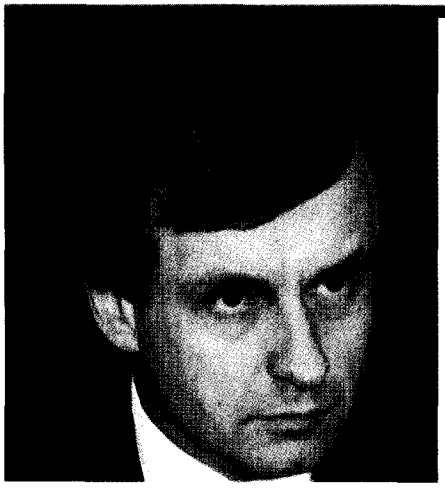
The AIDS MOBILE has a new mission with a *Post* videocassette made expressly for marriage-license applicants.

We listened to the many different viewpoints of legislators at the Indiana General Assembly; some of the senators want mandatory testing, others are concerned that it wouldn't be cost effective, and others worry that there would be false positives. It became apparent to us that we certainly need more light shed on the facts.

Our "hands-on" experience in counseling and AIDS testing in the AIDS MOBILE project has convinced us that there is little or no need for controversial *mandatory* testing. Persons at high, medium, and low risk have all presented themselves to us to be tested *voluntarily*. It occurred to us that mandatory viewing of a videotape could teach the bride- and groom-to-be about AIDS in the nursery and how to avoid it. AIDS babies are not a pleasant sight and they cry a great deal. They are miserable, hurting babies—often left in hospital beds because no one will take them home. They suffer during the entire course of their fulminant, always fatal, disease. No bride would wish to become pregnant if she realized how the odds are stacked against her in the event she or her intended spouse is AIDS-antibody positive.

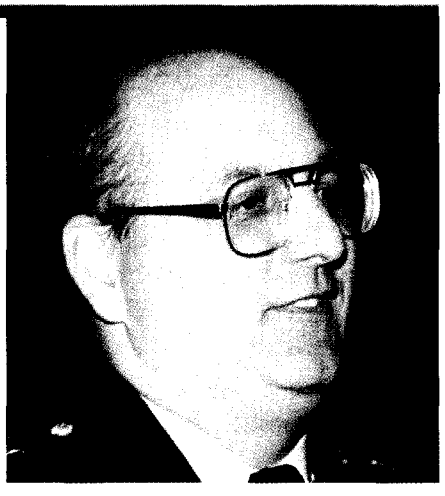
We were convinced that almost all of the marriage-license applicants who viewed a videocassette about pediatric AIDS would want to be tested. *The Saturday Evening Post* reader survey revealed that 10,082 (90.1 percent) respondents believe that all marriage-license applicants should be given AIDS tests. Only 783 (7 percent) said no, and 319 (2.9 percent) didn't know.

All applicants could be required to view a videotape with such experts as



Dr. James Curran: "Pregnancy itself is suppressive to the immune system. If AIDS-antibody positive, very, very, very strongly consider avoiding pregnancy."

AIDS authority Dr. Beny Primm: "Stop smoking, stop drinking, stop taking drugs of any kind. Don't expose yourselves to any infectious process unnecessarily."



Walter Reed's Dr. Robert Redfield: "I can't cure the AIDS virus but I treat it. And so I can optimize your care based on knowing that you're infected."

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Dr. James Curran of the Centers for Disease Control counseling them about AIDS. After viewing the tape they could be required to fill out a questionnaire asking if they would be willing to take the test, offered in a convenient location and at an all-inclusive fee not to exceed $5.

Hoosier lawmakers who worried about costs were told about Damon Laboratory in Boston, Massachusetts, which did 4 million tests for the U.S. Department of Defense at $4.00 per test, including the Western blot confirmatory tests after repetitive ELISA tests were positive. (Abbott, Du Pont, or Organon Teknika ELISA test kits cost $1.00 to $1.25 per test.)

The argument against testing because of false positives should be laid to rest. There is no excuse for notifying anyone of positive results on the ELISA screening tests. With the confirmatory Western blot tests, Minnesota state epidemiologist Dr. Mike Osterholm, and Dr. Brooks Jackson of the St. Paul Red Cross, reported not one false positive in more than 250,000 low-risk blood donors in Minnesota. Dr. Jackson flew to Indianapolis to testify about this to the Public Health Committee of the Indiana House of Representatives.

Dr. Robert Redfield of the Walter Reed Army Medical Center reports one false positive per 135,000 persons in low-risk populations tested by the Department of Defense. Those who have tested positive can obtain additional tests to verify results if they truly have no risk factors in their history.

At the *Post*, we have never suffered a breach in confidentiality, and we have discovered more than 30 AIDS-positive individuals who have been helped and who do not wish to infect their loved ones. More than 1,200 tests were done to discover these AIDS-infected individuals. We believe they were cost effective.

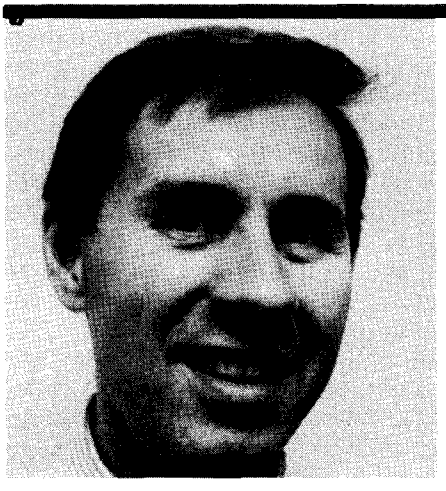
Some AIDS births can be prevented; we can't afford *not* to prevent these AIDS births from happening.

We believe legislators should make it their business to learn about the AIDS babies that have already been born in their states and the circumstances surrounding their births. In Indiana recently, an unsuspecting girl married a Purdue-graduate engineer, never realizing that he had experimented briefly with needle drugs in his undergraduate days; thus, she never suspected that he was an AIDS carrier. Upon becoming pregnant, she became ill and soon died from AIDS. So did the baby.

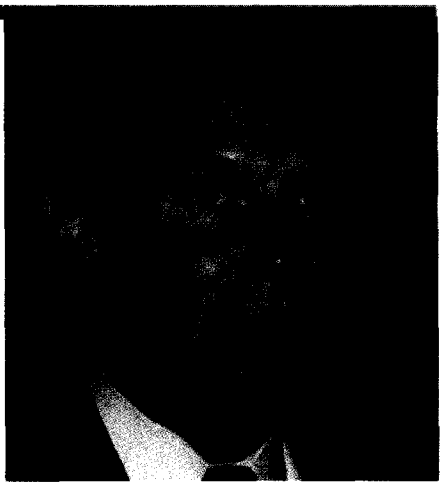
At our local University Hospital a young girl died from having married

continued on page 102

First comes love . . . then comes marriage . . . then comes the bride with a baby carriage. But if either of the newlyweds is positive for the AIDS antibody, the bride is very strongly urged not to become pregnant.



Red Cross' Dr. Brooks Jackson puts to rest fear of false positives: "I recommend that anybody worried about AIDS, even in the slightest, get tested. It's low cost."



Richard Schubert, president of the American Red Cross, tells couples, "Giving blood may be one of the most important contributions you will ever make!"

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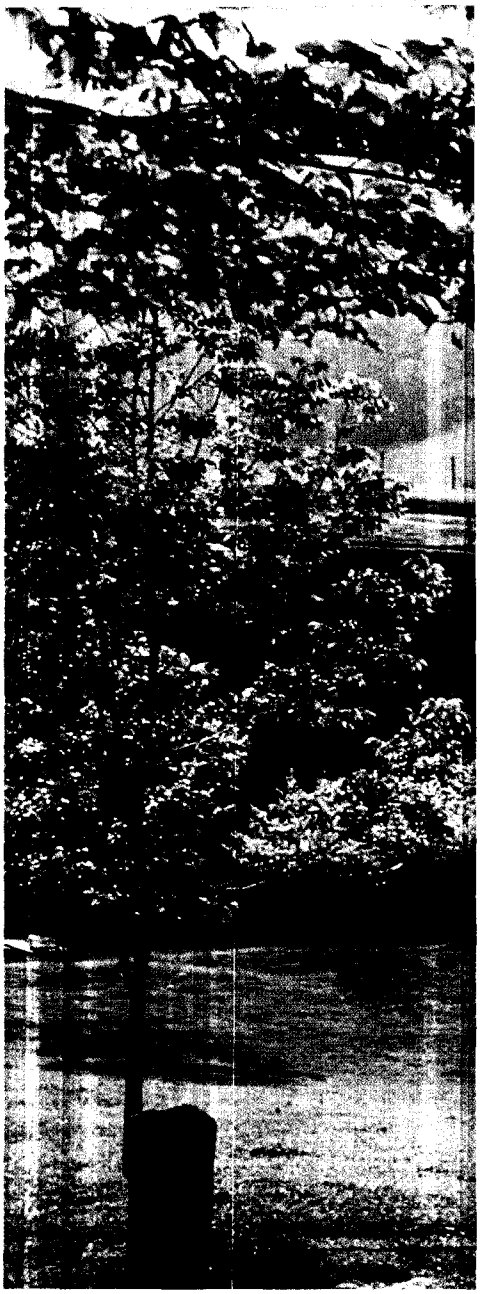
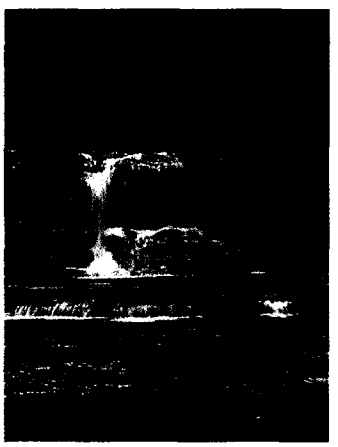
TALL TALES FROM THE

Blue Ridge Mountains

by CAROLYN HUGHES CROWLEY



We begin a three-part series on the Southland by looking at this treasurehouse of flora, fauna, fiddlin', and folk stories.



For $11.88 a week—the only deduction was 12¢ for Social Security—foremen kept their laborers busy constructing the scenic Blue Ridge Parkway in the 1930s. Completed in 1987 after 52 years, the parkway is today the country's longest, at 470 miles. Situated within driving distance of more than half the nation's population, it may be the country's longest stretch of litter-free highway.

Fifty years ago there were doubts about whether the back-country highway could be built. One mountain woman jeered, "One of them hard-surface roads like they have below the mountains? Why, Lord have mercy, nobody a-livin' could put one of them through here."

The Blue Ridge Parkway follows the crest of some of the oldest mountains in the world, connecting the Shenandoah National Park in Virginia and the Great Smoky Mountains National Park in North Carolina. It climbs to more than 6,000 feet, averaging 3-4,000. More varieties of wildflowers grow here than are found in all of Europe. A two-hour trip from the foothills of the Blue Ridge Mountains to higher elevations passes through as many plant-life zones as there are in the thousand miles from central Georgia to central Quebec.

Lying astride a major bird-migration flyway, the parkway shelters more than 100 species. Four-legged wildlife abounds, too, including deer, raccoons, foxes, opossums, skunks,

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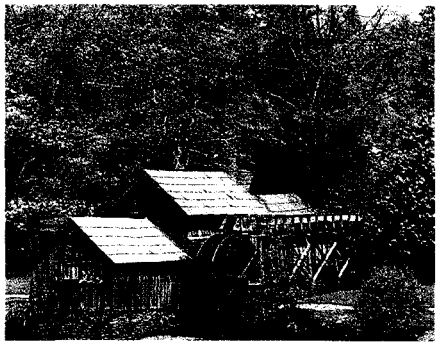
squirrels (called "boomers"), bears, and bobcats, the last seen occasionally in the evenings walking along rock walls.

Many parkway visitors somehow find their way to Audrey Hash Miller's home in Mouth of Wilson, off the parkway a short distance. "The only landmark is Grayson Highlands State Park. We're two miles below it, on a rock behind a log cabin," Miller said. Most Blue Ridge addresses are as imprecise as hers. "You need an oak tree, a barn, old man so-and-so's place to find someone's house here," she said.

Visitors interested in musical instruments flock to Miller, a second-generation fiddle and dulcimer maker. Possibly the only female violin maker in the United States, she's completed 22 at prices from $500 to "whatever—it depends on the carving and age of the wood, usually maple



and spruce." Her dulcimers, copies of 200-year-old Scottish teardrop shapes, bring $150 and take two weeks to finish. "After building 500 dulcimers in 19 years, I quit counting," she said.

Miller offers her advice and experience to hundreds of would-be dulcimer makers every year. They work alongside her for a 40-hour week in her dusty basement, where musical instruments dangle from the ceiling. Miller explains her every movement in making a dulcimer to the eager students. "There's no room for error in making these. They take a long, long time. Most people, therefore, don't want to take them on," Miller said.

"She'll let you get frustrated and then let you ask how to do something," a friend commented.

The last step is tuning it and smiling. "I've never had anybody who didn't smile yet," Miller said.

These traveling students occupy her basement for a week, use her equipment and wood (usually walnut and chestnut or cherry), interrupt her concentration, and in the end "owe me $3 for strings. If they want to pay, that's O.K. We're not nonprofit but we're close," she said.

The world's oldest and largest fiddlers' convention is held every second weekend in August seven miles from

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the parkway, in Galax, Virginia. Nearly 2,000 musicians compete in this four-day, nonstop musical extravaganza for $10,000 in cash prizes in 13 categories. "We play traditional mountain music here, which should be preserved. People get tied up deep in it," commented Oscar Hall, the secretary of the Old Fiddlers' Convention.

An instrument maker, singer, dancer, storyteller, prospector (he's found small amounts of gold), medicine man, and musician, 76-year-old Stanley Hicks lives on Stone Mountain, about ten miles south of the Virginia-North Carolina border. "Too much racket goes to my head, and it sounds like a chicken's flapping wings": that's Stanley explaining why he likes living in the mountains.

He invites all visitors lucky enough to find his small house to sit down in his deep leather chairs in the living room. It's a tossup which he'll perform first—a story, a dance, or a song. But he always gets children's attention by telling them, "I want to tell you stories."

Rebecca Wood, a former principal, and her husband, Olen Wood, a retired high-school agriculture teacher, related how their seven-year-old grandchild looked up at Hicks spellbound, almost hypnotized, as he wove a story. "He's got a sparkle in his voice and eyes and tells stories as if they happened to him. Children can recall his tales because he makes them so real," Rebecca Wood said.

Storytelling is enjoying a renaissance. There are about 500 storytellers in the United States. Barbara Freeman and Connie Regan-Blake, North Carolinian cousins known as the Folktellers, are winners of American Library Association awards. Their art is an ancient one, passed from old tongues to young minds.

Like dad, like daughter: Audrey Hash Miller passes on the skills she learned from her father, a renowned dulcimer maker.

"These mountains kept people in longer and TV out longer. Our stories reach into listeners and open their hearts and the floodgates of the mind," the ebullient Freeman said. "All good stories have a sense of truth. Every time we tell a story, it's like meeting an old friend."

Right on the parkway, at milepost 382, inside the Folk Art Center theater east of Asheville, the Folktellers present their two-act play, "Mountain Sweet Talk." It is the story of two cousins, struggling to maintain their colorful mountain lifestyle, who were

Over the Mountains

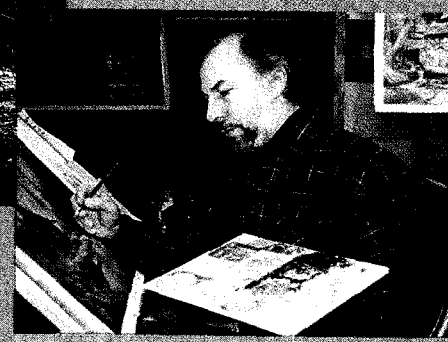
Connie Lynch of Cleveland exclaimed, "I've already had too much fun! I've been in there five times."

Lynch had just flown 21 feet above a wire mesh net that acts as a trampoline for the country's only free-fall simulator. "FlyAway," as it is called, is situated in Pigeon Forge, Tennessee, less than an hour's drive north of the Blue Ridge Parkway's end at Cherokee, North Carolina. The vertical simulator's winds can reach 120 miles per hour.

FlyAway is one of 40 attractions in Pigeon Forge, best known for Dollywood, a theme park of Appalachian heritage. Dollywood sports working craftsmen, a five-mile steam-engine train ride, live music shows, and such rides as the "Mountain Slidewinder" and "Blazing Fury." Also in this mountainous neighborhood:

- The 520,269-acre Great Smoky Mountains National Park is the most-visited park in the United States. Cades Cove offers a paved, one-way loop winding through a 4,000-acre valley; it is an outstanding area for viewing wildlife.
- Gatlinburg, a town of 3,600 persons in eastern Tennessee, is the gateway to the Smokies. The largest group of independent artists and craftspersons in the nation works in Gatlinburg's Great Smoky Arts and Crafts Community, strung out along eight miles of curving country road.
- Gatlinburg's Christus Gardens is a nondenominational depiction of Christ's life in ten dioramas. In the patio garden is a six-ton Italian-marble face of Christ, the most-photographed object in Gatlinburg.
- Jim Wilkerson's woodcarving shop is situated in nearby Townsend, a village of 500 persons at the western entrance of the park. Wilkerson carves six to eight hours a day after his full-time job as a Delta Air Lines mechanic.

Also in Townsend is the artist laureate of the Smokies, Lee Roberson, a descendant of Cherokees and pioneers from Cades Cove ("My favorite place except for home," he says). It can be an adventure reaching his 150-year-old restored log-home gallery amid 150 acres three-quarters of a mile off scenic route U.S. 321. Visitors have encountered wild animals and a cow giving birth. "You'll remember the trip, even if you forget the art," Roberson jokes with travelers.



Lee Roberson on his mountain art and home (above): "If I can't get inspired by what I see, then I have a problem."

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raised by their great-aunt Jenny, who "had a comment on everything."

There will always be storytellers, because "stories are too powerful to die," Regan-Blake said. "They've always been with us, and while we may have turned toward other forms of entertainment, the stories are still there. So we're not really changing."

Near the southern terminus of the parkway is Grandfather Mountain, 5,964 feet high, the highest mountain in the Blue Ridge. Its spectacular panoramic views stretch over 100 miles of surrounding mountains and valleys encompassing four states. The Mile High Swinging Bridge, 80 feet from the ground in the deepest place, connecting two peaks, sways laterally as it bounces up and down. Winds of 100 mph are not uncommon. The mountain attracts expert hang-gliding pilots from April through October. Grandfather Mountain will host the Masters of Hang Gliding Championships in September, an invitational tournament for 24 of the world's best hang-gliding pilots.

In Grandfather Mountain's five "environmental habitats," visitors can safely view bears, eagles, white-tailed deer, and cougars in their natural surroundings. Mildred the Bear, Grandfather's mascot, and her cubs reside in a spacious enclosure. Overweight now, she sits up on her haunches, mouth agape for visitors to aim peanuts at. "She's the nicest bear the Lord allowed to walk the earth," said Hugh Morton, the owner of Grandfather Mountain.

The mountain's 4,000 acres of wilderness have 30 miles of hiking trails. "Grandfather is the most rugged mountain in the eastern U.S. It is unconquered and untamed," Morton said with ever-so-slight hyperbole.

Grandfather Mountain Highland Games and Gathering of Scottish Clans, called the best Highland games in America, are held the second full weekend in July.

The Blue Ridge Parkway is not a road on which to hurry, but a place in which to dawdle. Traffic creeps in summer, moseys in spring and autumn, and sometimes is not permitted at all in winter when the parkway is closed by ice and deep snow. At all times, whether visitors are driving, hiking, horseback riding, or skiing, the Blue Ridge Parkway is well-manicured. Its designers never forgot it was to be a scenic road.

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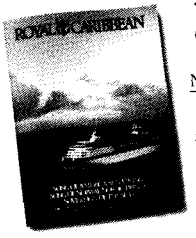

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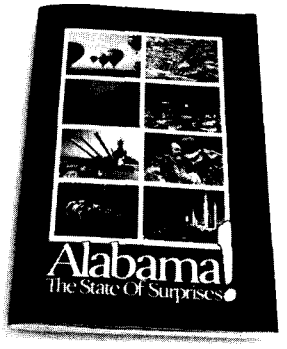

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TAKE ME OUT TO THE BOARDWALK

Florida's newest theme park takes you back to the days of a Sunday-afternoon stroll along the boardwalk.

by John McCollister

It's the ideal setting for youngsters who have yet to grow up and for adults who refuse to.

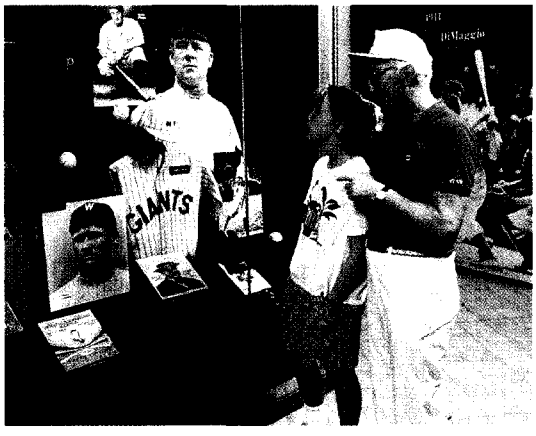
Just a 25-minute drive southwest of Orlando, Florida, a new theme park has blended two of America's favorite institutions—an amusement park and our national pastime—into a 135-acre setting. It's called, appropriately, "Boardwalk and Baseball."

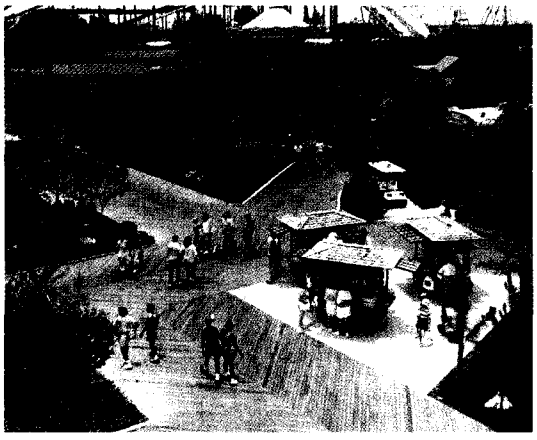
The park, constructed in the shadows of Walt Disney World, Sea World, and Cypress Gardens, opened its gates to the public last April. It contains the usual thrill rides—a white-knuckle roller coaster, a 16-story Ferris wheel, a spiraled log flume—and, of course, a midway where the sweet smell of cotton candy takes you back to the glory days of a Sunday-afternoon stroll at Coney Island or Atlantic City.

An authentic wooden boardwalk connects all the attractions. This 20-foot-wide walkway begins near the entrance at the "Boardwalk Theatre"—easily identified by eight huge reproductions of classic Norman Rockwell *Saturday Evening Post* cover paintings. The wooden path, made of jarrah timbers imported from western Australia, weaves its way through the park for more than a mile. Brightly colored flowers and manicured greenery line the boardwalk, and more than 5,000 trees have been added to the landscape.

Boardwalk and Baseball's president, Dick Howard, explains that the walkway is not only aesthetically pleasing, but also much more comfortable for guests. "By eliminating heat-radiating concrete, guests stay cooler," he says. "It's also a lot easier on their feet."

Several other attractions in the park rekindle distant memories of a bygone era. One of the more prominent—a replica of an antique carousel, featuring 30 delicately hand-painted horses, two chariots, richly colored scenery, mirrors, and sparkling lights—reminds us of the days when rides cost only a nickel. At Boardwalk and Baseball, it's even cheaper; all rides are free with the price of admission.





Whether it's the lure of getting a crack at the ball in one of the batting cages, viewing scores of artifacts from baseball's historic past, or strolling down the authentic wooden boardwalk, visitors can't resist this American classic.

• • •

"When I was a youngster, this is what I thought every backyard ought to be," said Ben Hall, a recent visitor from Pittsburgh. Most people who cross the turnstiles, however, are lured by the romance of baseball. And the park supplies many fantasies for both spectator and active participant.

Children, parents, and grandparents share hot dogs and sodas while cheering for the park's own baseball team, which plays up to three games a day on major-league-size fields.

Visitors can also savor "A Taste of Cooperstown," the National Baseball Hall of Fame and Museum's partnership with Boardwalk and Baseball. They "ooh" and "aah" as they press close to the more than 100 encased artifacts that construct a time line showing the evolution of baseball from 1836 until today. Among the more popular exhibits are Babe Ruth's uniform; Al Kaline's cap; the bat used for Hank Aaron's 500th home run; Ty Cobb's glove; Lou Gehrig's crude first-baseman's mitt; a ball autographed by Mickey Mantle; early scorecards; World Series tickets; and photographs of baseball heroes past and present.

Loyal fans can purchase official baseball souvenirs of their favorite teams at gift shops. For a small charge, they can don big-league uniforms and have their photos

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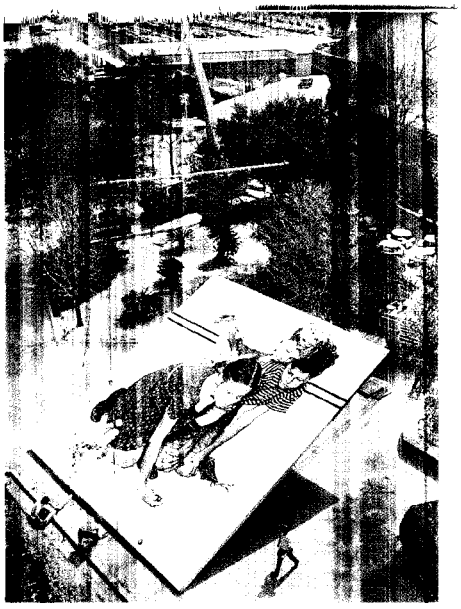


Another classic: Norman Rockwell's 1939 "Marbles Champion," now a rooftop attraction at Boardwalk and Baseball.

featured on their own baseball cards—complete with personalized statistics printed on the back.

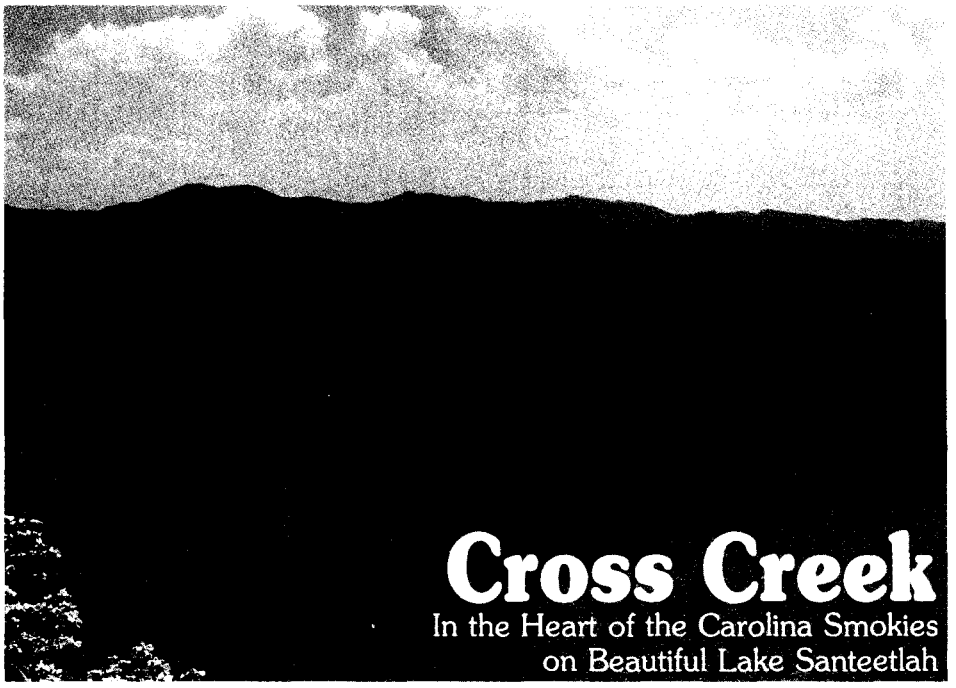
The more athletic-minded can demonstrate their baseball prowess by taking 20 swings at pitched balls in one of nine batting cages or by testing their fielding as two machines "hit" ground balls for them to field and throw to a target area.

Would-be hurlers can measure their pitching skills at the indoor bullpen. Standing on a pitcher's mound, they attempt to strike out a "batter" by throwing toward a targeted backdrop. An electronic reader board by the mound informs them whether the pitch was a "ball" or a "strike" and measures their pitching speed.

An action-packed bonus for visitors is a Wild West show with a cast of 40, featuring cowboys, cowgirls, stunt riders, sharpshooters, can-can dancers, and a balladeer, who reenact scenes from the days of the Pony Express and the '49 gold rush. Add some assorted wagons, surreys, and two dozen horses, and you have all the ingredients of an old-fashioned rodeo.

In February the park introduced yet another attraction—major-league baseball. The Kansas City Royals will use this site as their permanent spring-training facility at a new 7,000-seat stadium.

The rare blend of shows, amusement rides, and baseball has captured the fancy of visitors to central Florida. But beware—if you're not careful, one visit to Boardwalk and Baseball might just bring out the kid lurking inside of you.



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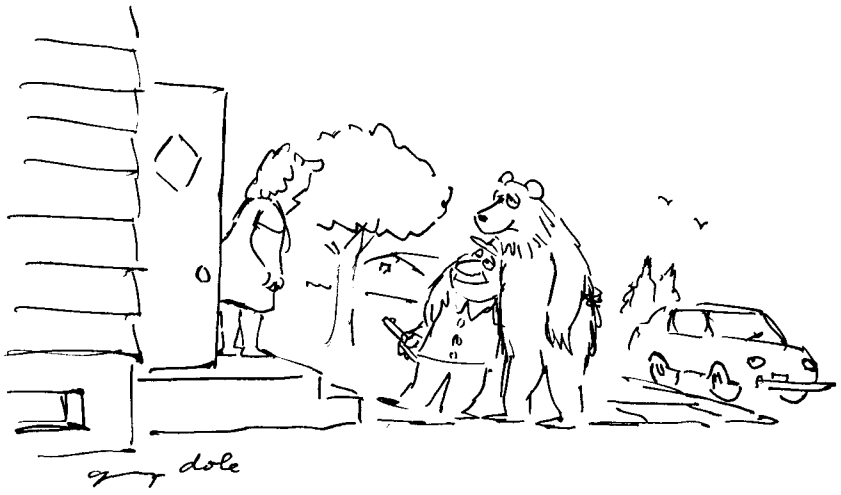

"I wish you wouldn't drink on these hunting trips!"

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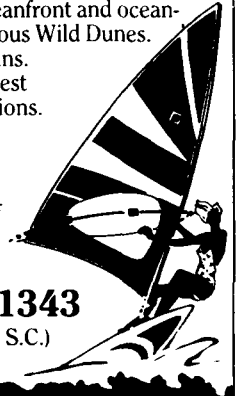

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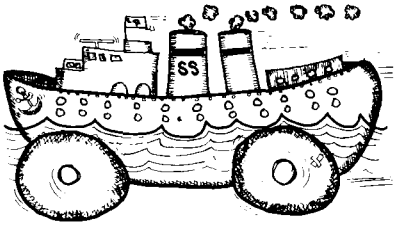

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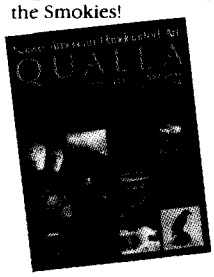

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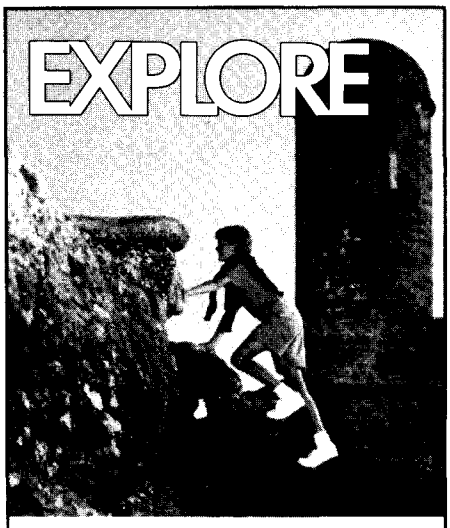

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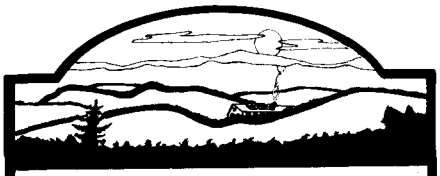

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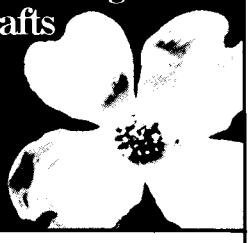

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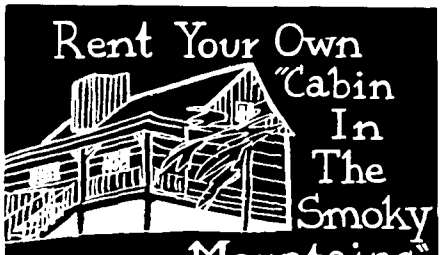

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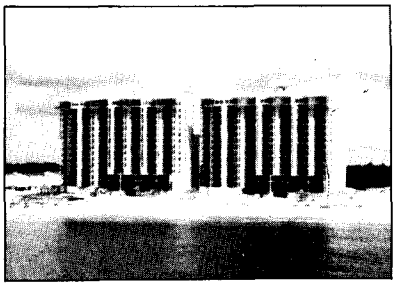

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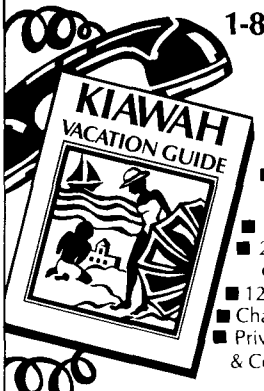

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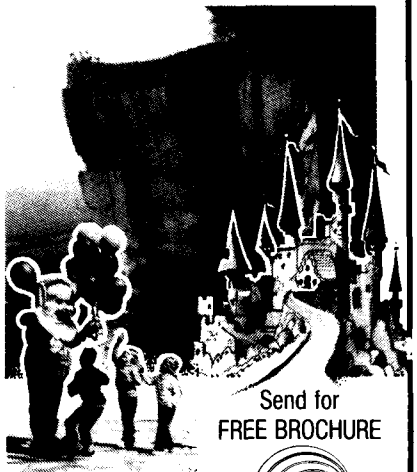

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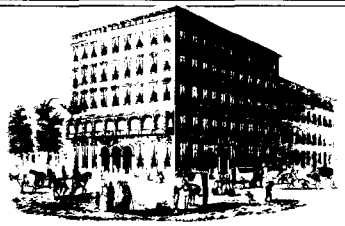

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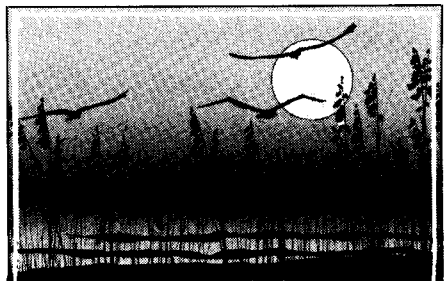

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Floor Decor

continued from page 30

over to a professional. Essentially, inlays are traced onto the floor, cut into place, and glued down with a floor-to-ceiling jack. Or in the case of edge stripping, the channel is simply routed part of the way into the floorboards. The tolerance for error is slim, but most tradesmen intentionally cut the opening narrow and then sand the inlay to the final fit. Obviously, in the case of new floors, the piece can be secured by tongue-and-groove joints during installation—that is, if the idea comes up before the floor gets set.

Hardwood floors can be modified more readily than others, partly because they're easy to tamper with, but also due to their compatibility with a variety of styles and a wide assortment of existing design elements. One small step that yields giant strides in selection is to let your fingers wander through a Kentucky Wood Floors catalog. Found in floors from Saks Fifth Avenue to the Oval Office, Kentucky Wood Floors' award-winning accents are enough to floor you. From such exotic wood species as zebrawood, padouk, pecan, and others, kaleidoscopic patterns are woven into what looks more like furniture than flooring. Prices range from $30.00 per square foot for the Buckingham custom border (walnut interlaced with quartered oak) to $1.75 per foot for the unadorned red-oak finger block.

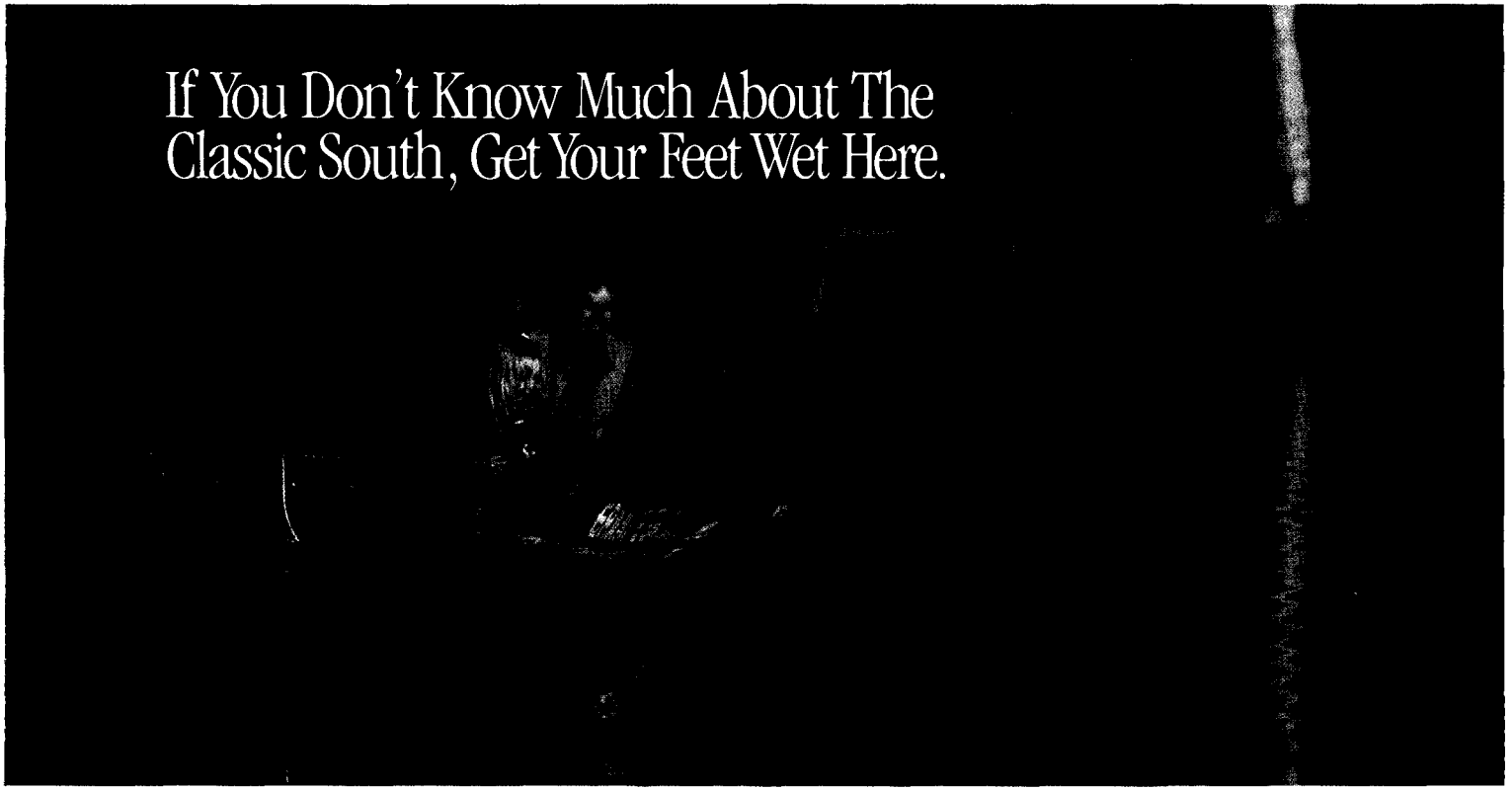
Though little can compare to the range and flexibility of mixed wood, it certainly has no corner on accenting. Carpeting, once sheet-fed from wall to wall, is now frequently interrupted with borders and inlaid edging of contrasting colors or even alternate weaves, not to mention elaborate centerpieces and complex framing details.

Another sure-footed method of application has been to abut the carpet with an alternate, yet compatible, medium. For instance, the border of the room can be finished in parquet flush with carpeting in the central area. The edging lends a regal feel to the room and the carpet offers a soft touch, thereby retaining the best both have to offer. The same goes for such high-traffic zones as entryways, where carpeting gives way to slate, marble, or stone. One classic Tudor home matches its natural-stone exterior with a stone path that runs through a "lawn" of carpet from front door to curved stairway.

Though at first glance tile may seem impenetrable, it could very well be the most forgiving medium of all. Defined edges and straight running lines allow almost anyone to pop a row or to replace the center four-square with surrogate pieces. Summitville Tiles produces hand-painted decorative tile, 31-inch terra cotta inlays, and designer lines in bronze or pewter, including a series of antique-coin impressions.

Hand-painted special glazes and raised-relief or carved images can imbue a floor with its owner's signature—and give it its own identity.

Homeowners have come to realize that, dealt the right treatment, even the humble floor will make a noble statement. You may find, once the accented floor is in place, that you hate to even step on it at all.



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CREATIVE COOKING WITH WINE

The alcohol evaporates, and all that's left is flavor, healing properties, class, and a reduced desire for sodium.

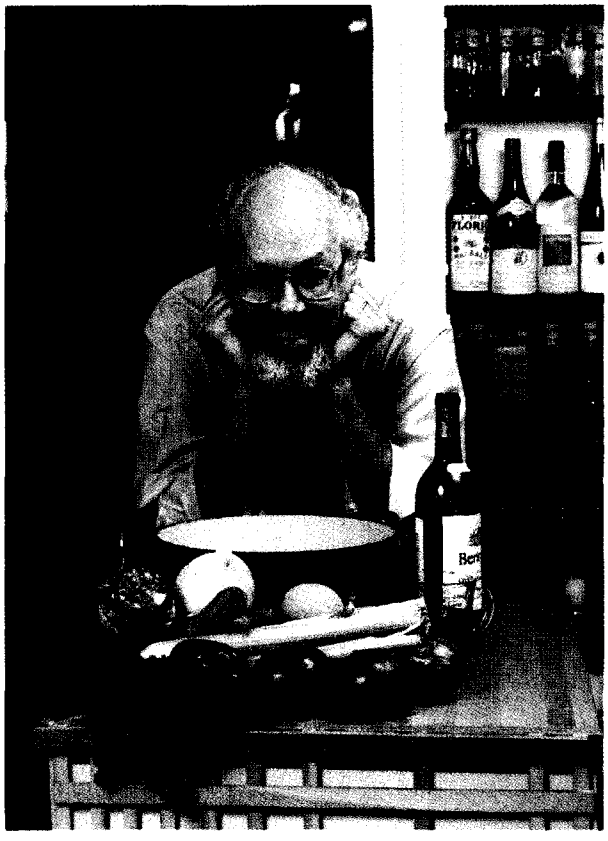
by Jeff Smith

Were I to stick my neck out and list which of the world's cuisines I appreciate the most, I would begin with China. Then Italy, Greece, Old Rome, America, France, and Spain. I refer to all of the many regions in each, of course. But the wonderful thing that these cultures have in common is this: they all use a good deal of wine in their cooking.

Wine cleanses food, supports food, flavors food. And it will help you get rid of your addiction to salt.

Since ancient times wine has been seen as a food. As a matter of fact, we can list our three most ancient food products—wine, bread, and cheese—and see all three are gifts to us from yeast. But bread and wine seem to be the most basic. "A jug of wine, a loaf of bread—and thou beside me singing in the wilderness." It is true that a whole meal can be made from bread and wine, and we have been doing that since biblical times. Ben Sirach, in the Apocrypha, maintains that a normal daily diet in the Bible days consisted of bread, wine, salt, olives, olive oil, and on special occasions, a bit of fish. Meat was eaten only on festival days, but wine was a part of the daily diet . . . for everyone.

Cooking with wine must be as old as wine itself. We in America were driven away from this habit during Prohibition, and it has taken some doing to return to this sound practice. I think the return is due primarily to our much-increased traveling to Europe, where wine has always been in the pot. As our palates became a bit more sophisticated, we began to ask for more complex foods and flavors in this country. And it was not long before we began putting a little sherry in the soup.



In cooking, wine is simply an essential, says television's "Frugal Gourmet," and that's the gospel truth.

Following the repeal of Prohibition, a whole new series of studies began to appear that gave us insight into the healing properties of wine. We have found that wine contains at least 300 beneficial ingredients, including vitamins, minerals, tranquilizers, and antibiotics. The nutrients in wine—the amino acids, vitamins, and all 13 elements considered necessary for human life—are presented to us in a most lovely and palatable form, a gift of the grape. Indeed, alcohol is the minor healer in wine, although it is interesting to note that the alcohol found in wine is three times more antiseptic to the body than the same amount of alcohol mixed with a proportionate amount of water. Something happens when all of these components come together in a natural form. When we analyze these wonderfully healing ingredients and take them apart, they are not nearly as effective in your system as when in the natural form of wine.

Wine will also help you cut down on your addiction to salt. Because wine contains a mixture of acids and natural salts, it will cut the fat and enhance the flavors of your food. Most of us have accepted the fact that we must cut down on sodium chloride—common table salt. Wine, however, contains a good amount of potassium chloride as well as calcium chloride, two ingredients relatively close to the chemical nature of salt. These elements react on your tongue much in the way that salt does, so when the doctor tells you to cut down on salt, remember that he means sodium—and thus you can begin cooking with wine and avoid the sodium much more easily. As we get older and our taste buds tend to wear out, we generally react by seeking more flavor, more salt, more alcohol, more fat, more sugar. Since our desire for salt, our addiction to salt, is the toughest to overcome, we can give thanks to wine in cooking. It will help us cut down on the old salt shaker without giving up flavors.

There are people who are going to be a bit uneasy over the fact that a United Methodist minister is urging them to cook with wine. I am sure that it has something to do with our Puritan upbringings. I really believe that wine must not be thought of as a demon in its own right. Although it is true that some people overindulge in wine drinking, it is not true that the way to prevent your children from such overindulging is to tell them to avoid wine altogether. Don't make a big deal of wine in your home, and your children in turn won't make a big deal of it when they go off to college seeking freedom and independence. Regard wine very matter-of-factly. Avoiding something as wonderful as wine because some people misuse it just doesn't make sense to me.

Wine is a food, and it is to be treated as a food, not a romanticized beverage to be drunk only for special events. In cooking, wine is simply an essential, a basic. It will help you be more creative in your cooking, cut

continued on following page

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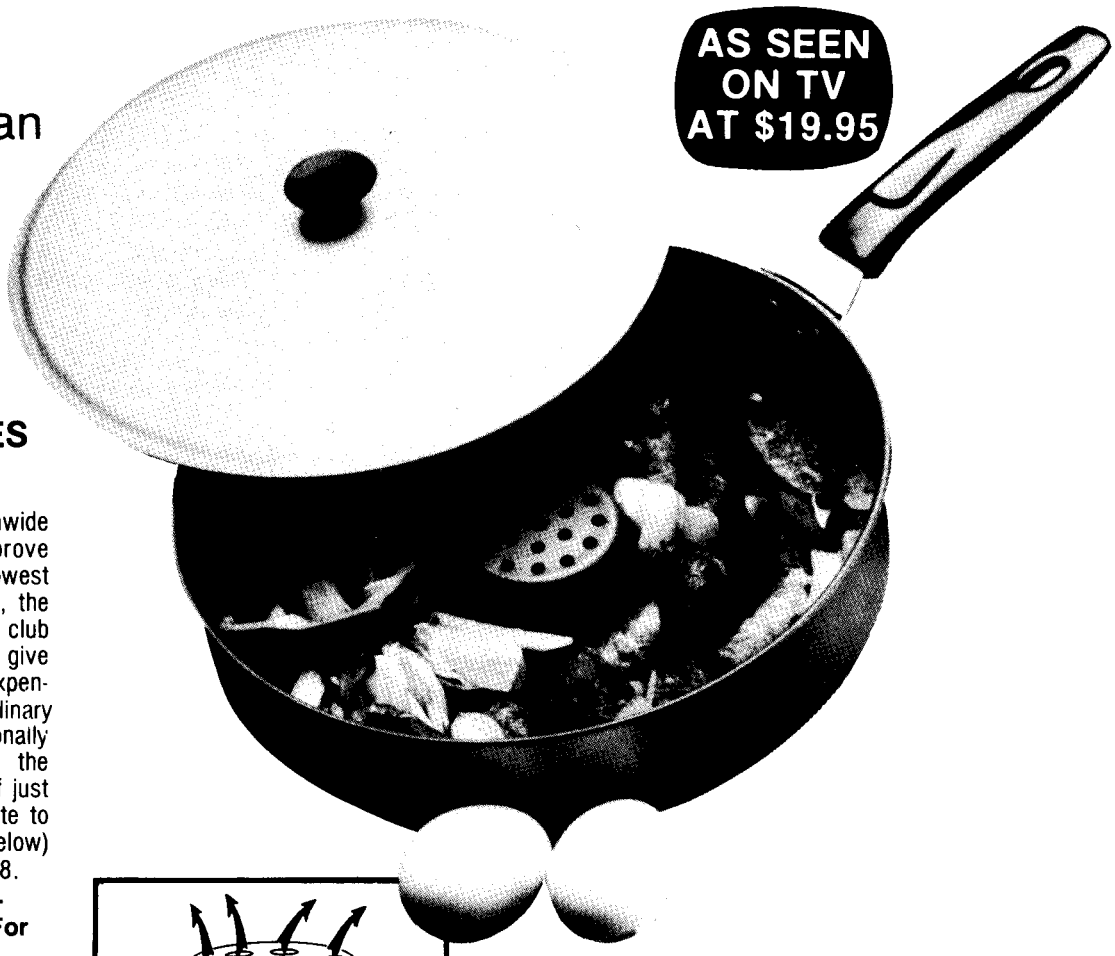

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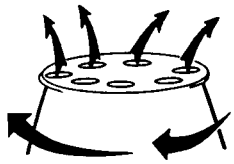

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down on your desire for salt, raise the normal meal to that of an occasion, and it will help your appetite. All of this occurs without leaving any alcohol in the food, for the alcohol evaporates when cooking. All that is left is flavor, health, and class.

Cream of Lentil Soup
(Makes 8 servings)

You can see from the presence of Tabasco and Worcestershire in this recipe that I tested it in New Orleans. You will enjoy this, even if you don't make it as hot and spicy as I did.

2 cups dried lentils
1 quart water
2 quarts brown soup stock or instant beef broth
4 slices lean bacon, diced
4 stalks celery, chopped
2 yellow onions, peeled and diced
½ green sweet bell pepper, diced
Worcestershire sauce to taste
Tabasco to taste
Salt, if desired, and pepper to taste
2 cups Mock Sour Cream (see recipe at end of Chicken in Port, below)
1 yellow onion, peeled and sliced thin
1 tablespoon fresh rosemary or ½ tablespoon dried
Fresh chives or green onion tops
Dry sherry to taste

Place lentils, water, and soup stock in 6- to 8-quart kettle, with lid, and bring to simmer. Sauté bacon and chopped vegetables until limp, about 6 minutes. Add to kettle. Cover and simmer until lentils mash easily. Purée all of this in food processor or blender, using small batches. Return to kettle.

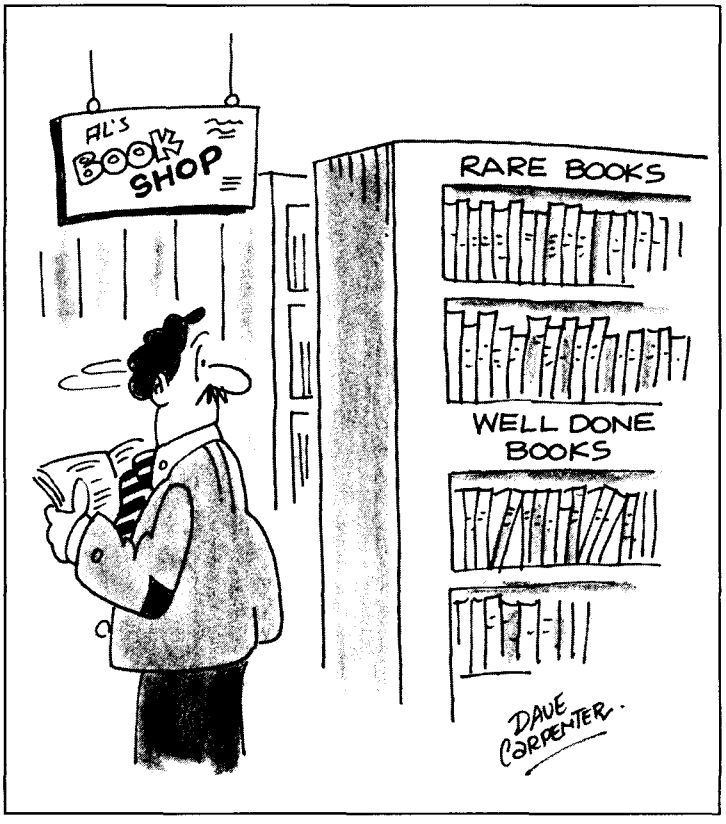
Add Worcestershire sauce, Tabasco, salt, and pepper to taste. Stir in cream and allow to simmer while you prepare onion and rosemary garnishes.

Sauté sliced onion, along with rosemary and chives, until onion is tender. Set aside.

Add sherry to soup just before serving. Garnish with little pile of onion and rosemary placed on top of bowl of soup.

Chicken in Port
(Makes 4 servings)

This does sound strange, doesn't it? Cooking chicken in a heavy red wine seems to be against all the rules. Red wine with beef and lamb, white wine with chicken and fish. This will convince you that most rules were made by people with little imagination.



Olive oil for frying
10 chicken thighs
Salt, if desired, and pepper to taste
2 garlic cloves, crushed
½ cup peeled and chopped yellow onion
½ cup finely chopped mushrooms
1 cup ham steak cut into julienne
2 cups dry port or tawny
½ cup Mock Sour Cream (see recipe below)
Roux:
2 tablespoons flour cooked with
2 tablespoons butter or margarine

Heat large frying pan and add olive oil. Season thighs with salt and pepper and fry until brown on both sides. Remove to heated platter. Sauté garlic, onion, and mushrooms until onions are clear. Add ham to onions and cook 3 minutes. Add chicken thighs and port to pan and cover. Simmer until chicken is tender, about 15 minutes.

Remove chicken to heated platter and add cream to sauce. Reduce sauce a bit and thicken with roux. Correct the seasoning for salt and pepper.

Return chicken to sauce and serve over pasta or rice.

Mock Sour Cream
(Makes ½ cup)

Place ½ pound low-salt, low-fat cottage cheese in food blender. Add 1½ tablespoons low-fat milk and blend to consistency of sour cream.

Pan-fried Broccoli
(Makes 5-6 servings)

This one may change your children's opinion of broccoli. I hope so.

2 garlic cloves, sliced (optional)
2 tablespoons olive oil
2 bunches broccoli, cleaned and sliced, the heavy part of stem discarded
¼ cup dry white wine
¼ cup chicken soup stock or canned broth
Salt, if desired, and black pepper, freshly ground, to taste
3 tablespoons sliced almonds
2 tablespoons fresh lemon juice
2 tablespoons melted butter or margarine, or olive oil

Heat large lidded frying pan or wok and sauté garlic in oil. Add broccoli and toss in oil. This will help retain bright green color. Add liquids and toss. Cover and simmer until vegetable is barely tender, about 10 minutes. Check for salt and pepper.

Garnish with almonds and top with lemon juice mixed with oil or butter or margarine. Do not use lemon juice by itself or you will bleach the vegetable.

From the book The Frugal Gourmet Cooks with Wine *by Jeff Smith, © 1986 by Jeff Smith. Reprinted with permission of William Morrow & Co., Inc.*

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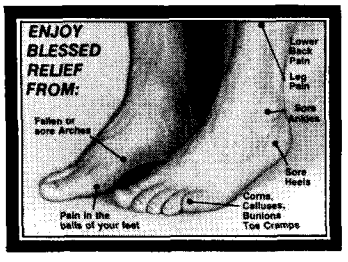

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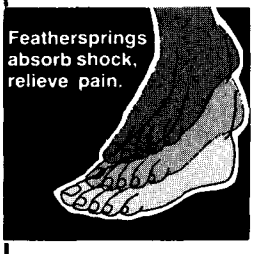

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HEARTBEAT

The Healthy Heart Report

HOW TO CONTROL YOUR CHOLESTEROL

Researchers are discovering that a little aerobic exercise can go a long way toward lowering heart-attack risk.

by Kenneth H. Cooper, M.D., M.P.H.

"I'm just not very athletic. . . . I don't have time to work out on a regular basis. . . . My grandmother lived to 100, and the only exercise she ever did was her housework!"

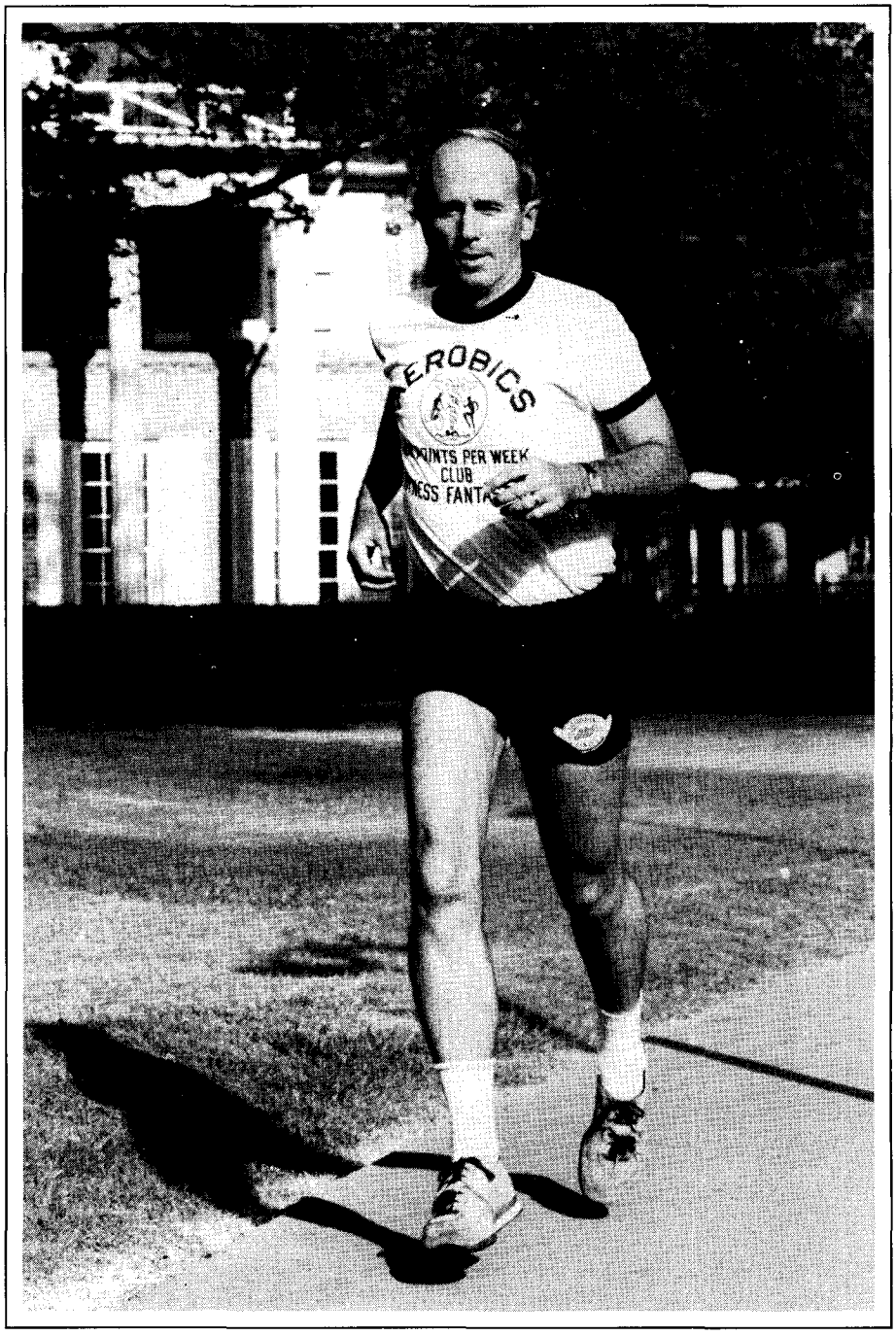
The excuses for not exercising could fill a book. Yet, most people, nonexercisers and exercisers alike, are unaware that the reasons for regular endurance-promoting physical activity go far beyond just "keeping in shape" or building a beautiful body.

In fact, one of the most important purposes of exercise is to keep your cholesterol and blood lipids at normal levels. Exercise—more specifically, "aerobic" or endurance exercise—can do several important things for the state of your blood. First of all, for most people, aerobic exercise will elevate the level of HDL cholesterol, and especially HDL-2 cholesterol. Higher levels of HDL and HDL-2 are associated with a lower incidence of cardiovascular disease.

And endurance-type exercise, such as walking, jogging, or swimming, done regularly, will tend to lower the triglycerides; lower triglycerides, in turn, often accompany a lower risk of coronary artery disease.

Finally, this type of aerobic exercise will burn up more calories and help you to reduce fat and body weight. Remember: lower body fat is associated with lower LDL cholesterol.

But what exactly does aerobic exercise involve? The word *aerobic* means "living in air" or "utilizing oxygen." When it's applied to exercise, the word *aerobics* refers to "a method of physical exercise for producing beneficial changes in the respiratory and



Dr. Kenneth H. Cooper advocates running and other aerobic exercises to increase HDL cholesterol levels and improve the good-to-bad cholesterol ratio in the blood.

From Dr. Kenneth H. Cooper's preventive medicine program: *Controlling Cholesterol,* © 1988 by Kenneth H. Cooper. Reprinted by permission of Bantam Books. All rights reserved.

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circulatory systems by activities which require only a modest increase in oxygen intake." *(Oxford English Dictionary,* 1986 edition.)

Aerobic exercise is usually contrasted with "anaerobic" exercise, which refers to sprinting or other types of physical activity that rapidly lead to exhaustion. Literally, these exercises are done "anaerobically" or "without oxygen."

It's easiest to understand these concepts in terms of specific exercises. Aerobic activities include such sports as walking, running, cycling, swimming, and cross-country skiing. Once you get in reasonably good shape and your endurance increases, you can do exercises of this type over a relatively long period—for many minutes, or even for hours at a time. As you participate in these activities, your breathing tends to be quite regular: you use oxygen at about the same rate that you take it in.

On the other hand, with anaerobic exercise, your body tends to use up more oxygen than it takes in. Sprinting, for example, will cause you to become "out of breath" rather quickly. Your respiratory mechanism will be out of balance for a time, as you push your body to its limits.

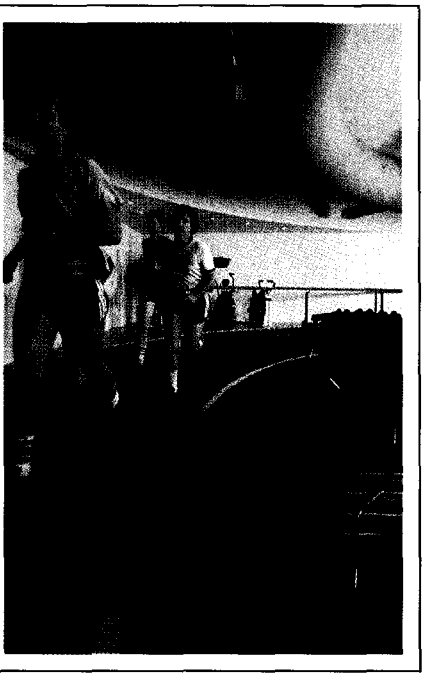
Generally, I recommend that those interested primarily in overall fitness—and maximum increase in their HDL levels—exercise aerobically 20 to 30 minutes a day, a minimum of three to four days a week. If you're a jogger in relatively good condition, this will translate into running approximately 12 to 15 miles per week.

The aerobic, endurance types of exercises are the kind most beneficial to the balance of cholesterol and other fats in your blood. And this exercise is the best type to increase your level of energy, your feelings of well-being, and probably your longevity.

Consider the experience of one government official who came to our Aerobics Center [in Dallas] for help. This man, who was in his mid-30s, didn't have any symptoms of heart disease or any other physical problem. But he knew that he was "out of shape," and he wanted to recapture some of the high energy and harder muscle tone of his youth.

This man was quite sedentary when he enrolled in my program in July 1985. His lack of physical activity showed: he weighed in at 263 pounds, with 28 percent body fat. Moreover, the time that he could walk on the treadmill amounted to a relatively low 13:38 minutes. Given the fitness standards we've established for stress-test performance at our clinic, this result indicated his general lack of an adequate aerobic capacity and his poor physical condition.

Perhaps most important of all, his blood components were abnormal—either elevated or imbalanced. Specifically, we found the following:



Total cholesterol	246 mg/dl
HDL cholesterol	31 mg/dl
LDL cholesterol	159 mg/dl
Total cholesterol/ HDL ratio	7.9
Triglycerides	281 mg/dl

Clearly, this man was setting the stage for a cardiovascular problem. His total cholesterol/HDL cholesterol ratio was particularly alarming. As we evaluated his nutritional habits, it became evident that at least part of his problem lay in what he was eating. Among other things, he consumed fried foods and red meat *daily.* Overall, his daily intake of fats exceeded 40 percent of the total calories he consumed, well above the recommended 20 to 30 percent level. And he tended to eat far more food than he needed, considering the minimal amount of physical activity in which he engaged.

Despite this man's physical condition and his abnormal blood picture, we were optimistic. We felt that we could achieve significant improvement by a straightforward exercise-and-diet program. First, our nutritionist encouraged him to eliminate all fried foods and substitute most of his red-meat dishes with chicken or fish. Next, she placed him on a weight-loss regimen limited to 1,500 calories per day. Then, we placed him on a moderate but progressive jogging program. He responded rapidly and soon had worked up to running about 30 miles per week (5 miles a day, six days a week). The results were dramatic!

When he came in for a checkup one year later, his weight had dropped from 263 to 219 pounds. His body fat was down from 28 percent to 18 percent. And the changes in his blood were even more striking. For purposes of comparison, the "before" and "after" values are shown in the box below.

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Lipids	Before	1 Year Later
Total cholesterol	246 mg/dl	221 mg/dl
HDL cholesterol	31 mg/dl	56 mg/dl
LDL cholesterol	159 mg/dl	143 mg/dl
Total cholesterol/HDL ratio	7.9	3.9
Triglycerides	281 mg/dl	108 mg/dl

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TOPIC: Cholesterol
SPEAKER: Stephen R. Yarnall, M.D., Fellow of the American College of Cardiology

THE FIRST THING I ASK MY PATIENTS IS, "WHAT DO YOU EAT FOR BREAKFAST?"

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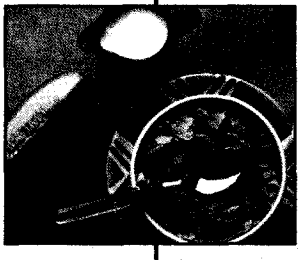
THE BAD NEWS:
A cardiologist like Dr. Stephen Yarnall sees patients every day with heart problems caused by too much cholesterol in the blood and arteries. "And, the problem often begins with breakfast," Dr. Yarnall explains. "Think of the popularity of fatty breakfast foods. A diet high in saturated fats stimulates the liver to supply the blood with cholesterol, and can keep the cholesterol level high throughout the day." The worrisome fact is that over fifty percent of adult Americans have elevated cholesterol levels. That could very likely mean you.

THE GOOD NEWS:
Yes, there is good news. If breakfast is part of the problem, then it could be part of the solution. It's recently been discovered that lowering the cholesterol in your blood may not only delay the progression of atherosclerosis (cholesterol-clogged arteries), but may actually *reverse* the process, and improve your chances of avoiding a heart attack, stroke, or other cardiovascular problems. That low fat, low cholesterol diet can very logically begin with breakfast.

SO WHAT CAN YOU EAT FOR BREAKFAST?
One of the most satisfying, easiest and healthiest breakfasts you can eat is cereal with skim milk, and fruit. It helps you make it through the morning, and gives you the variety you need to stick with it. In fact, for people who want to lose weight and/or attack a cholesterol problem, Dr. Yarnall surprised us by even suggesting "Eat breakfast twice a day."

This message is brought to you by Kellogg's, where a healthy breakfast starts.



For more information on lowering cholesterol, including a Health Passport from The American Health Foundation, a special brochure on cholesterol, and coupons for Kellogg's cereals, write to: Kellogg's Healthy Life, P.O. Box 5452, Kalamazoo, MI 49003-5452

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In addition, this man's treadmill time—which indicated his overall level of fitness and aerobic capacity—increased dramatically from 13:38 minutes to 25:10 minutes.

In short, in only one year's time, his blood had gone from a seriously abnormal state to one normal and in balance. The only possible remaining problem lay with a slightly elevated total cholesterol level. But this may in part have been the result of his relatively high HDLs. In any case, we encouraged him to stay on a low-fat, low-cholesterol diet to try to get his LDLs, and hence his total cholesterol, to decrease even further.

By any measure, this was a true cholesterol success story—with exercise playing a major role in the scenario. It was the exercise that brought the HDLs up. It was also diet and exercise that helped to lower his weight and body fat and, as a consequence, his total cholesterol and LDLs. These factors, along with a much lower cholesterol intake in his food, resulted in a very good ratio. Overall, he moved from a high coronary risk to the low category, all in less than one year.

Not everyone will experience comparable results. Some may see more dramatic increases in their HDLs and decreases in their ratios. Others may witness much more modest gains—or, in a few cases, no gains at all. What I'm talking about here is not some formula or surefire result that you can expect from one specific case, but rather a set of valid *general expectations.*

Taking certain steps with regard to exercise will do certain things for many people. But not everything works in quite the same way for each person. Every individual has peculiarities in his blood, metabolism, and other bodily mechanisms and organs. Those distinctive traits will determine how his physical system responds to exercise, diet, and many other outside influences.

For example, one middle-aged man who came through one of our special two-week fitness and cholesterol-adjusting programs at the Aerobics Center embarked on a rather modest walking and jogging program. Within only a two-week period, his treadmill time went up from 12:13 minutes to 14:15 minutes. This performance was still low according to the standards of fitness we've established at the Aerobics Center for his age group, but it certainly reflected an impressive improvement in such a short period.

The real success story, though, lay in his cholesterol. How did his HDLs react? Before he began the program, we found that they were only 35 mg/dl. But within only two weeks, they had shot up to 47 mg/dl, for a total increase of 34 percent! This dramatic improvement, along with other changes in his blood that he had achieved through diet, brought his total cholesterol/HDL cholesterol ratio down from 6.0 to 3.8.

"You should have come to me before letting things progress this far."

One woman who came through this same two-week program exercised sufficiently to increase her fitness and treadmill time slightly: she went from 16:00 minutes at the beginning to 16:19 minutes at the end of the two-week period. But her HDLs essentially stayed the same: they were 51 at the beginning and 50 after the two-week program. Nonetheless, her ratio dropped from a high-risk 6.5 to a near-normal 5.0.

How could this happen? The answer lies in the other cholesterol components in her blood. The combinations of her LDLs and VLDLs dropped from 280 mg/dl at the beginning to 199 mg/dl at the end of the two-week program, for a 29 percent decline.

What happened here is probably that her HDLs dropped slightly, along with her LDLs, as a result of the very restrictive low-fat, low-cholesterol diet. But then her exercise, compensating for the dietary decline in the HDLs, brought them right back up again, almost to the same level they had been when she started. The overall result—especially in terms of her ratio—was that her blood was much better at the end than at the beginning.

In fact, all the people in this particular two-week program experienced an average drop in their HDLs of 6.0 mg/dl. For the most part, this was the result of their low-calorie, low-cholesterol diet. Yet, other important factors were at work: as a result of the exercise, their treadmill times went up an average of 13 percent. This improvement reflected an improvement in aerobic fitness—a condition that tends to raise HDL levels, or at least to limit their decline if a person is on a weight-loss diet. For the group on this two-week program, the exercise limited the drop of the HDLs. And the low-cholesterol diet and the loss of body fat through diet and exercise caused their total cholesterol levels to decline by a greater percentage than the HDLs. As a result, their total cholesterol/HDL cholesterol ratios dropped by an average of 17 percent.

Clearly, the relationship between exercise and cholesterol—and especially HDL cholesterol—is a complicated thing. Blood values will vary among individuals. Still, in light of the current research, it's possible to make some important generalizations about how exercise can affect your cholesterol.

I'll sum up some of these findings in the following "facts."

1. Brisk walking for just a few months can significantly increase your HDL levels.

2. Very moderate exercise may result in a significant increase in HDL levels.

continued on page 96

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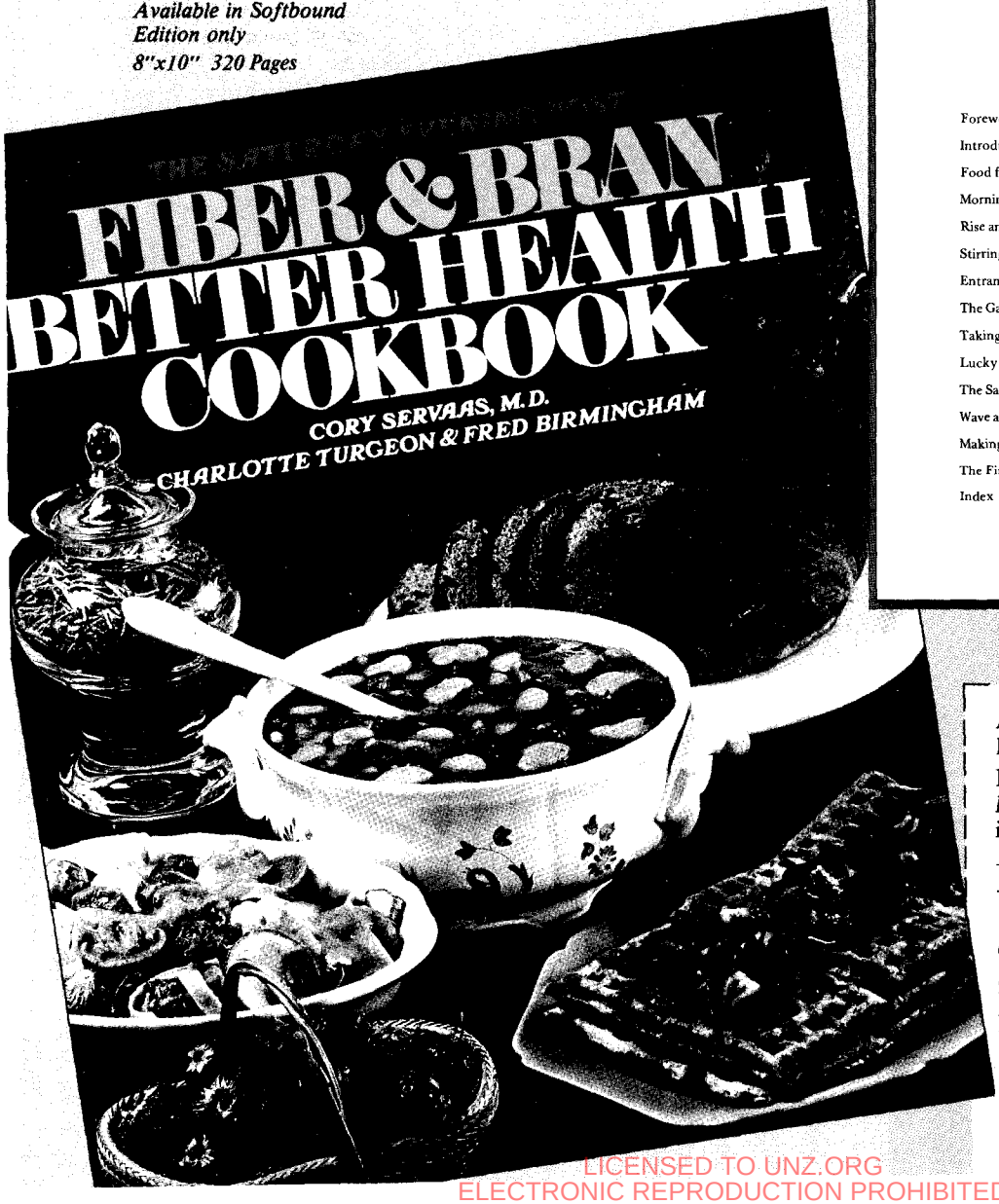

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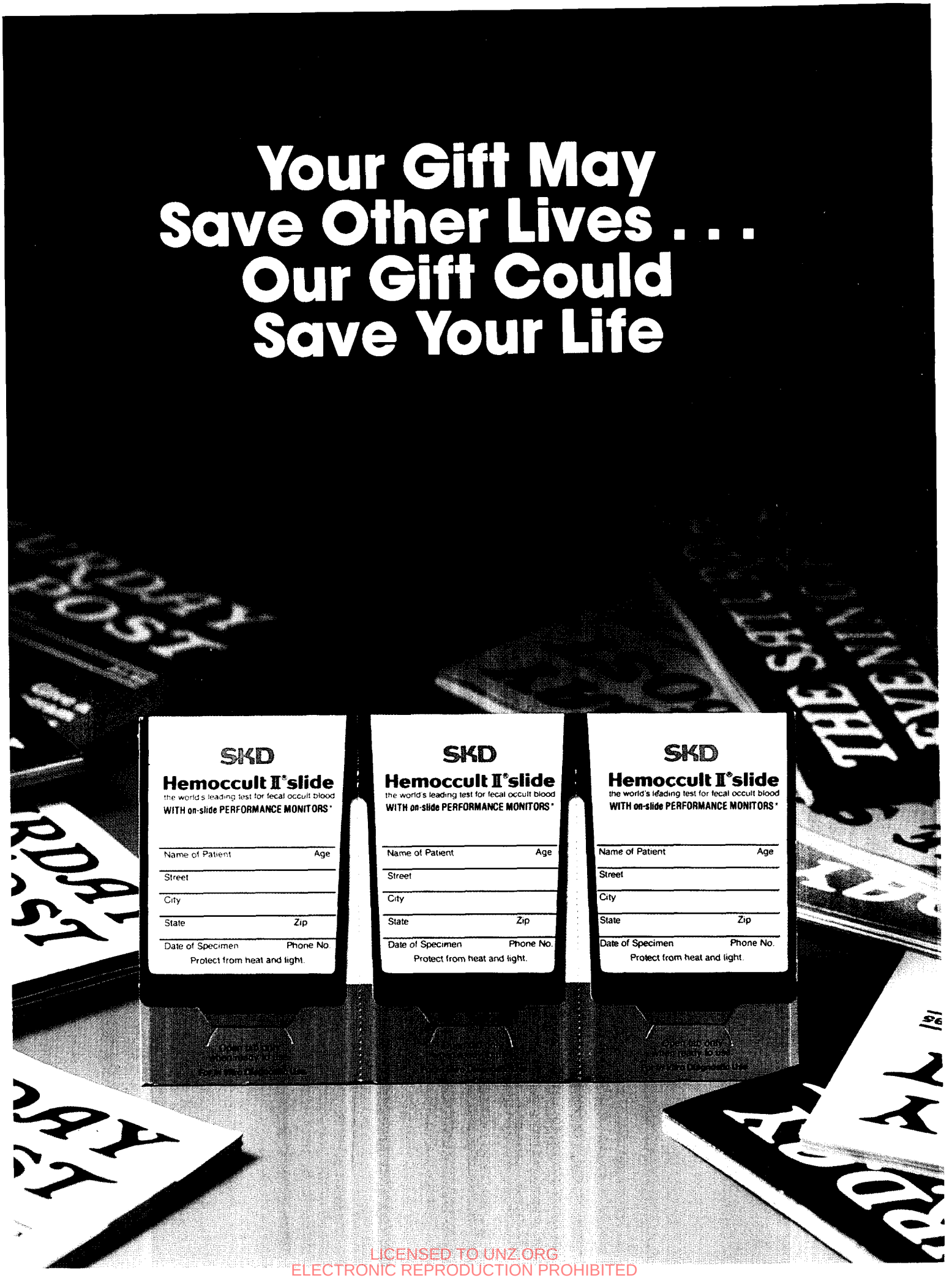

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"The life you save may be your own" is a line you have no doubt heard more than once. But never did these words apply more appropriately than to the reciprocal proposition the Saturday Evening Post Society offers today.

Our proposition is this: you contribute in any amount to further the Society's efforts in saving lives, and we in turn will send you a gift that could very well save your own life—as well as money and misery.

Where will your money go? Actually, it will go over the highways, down the byways, and along the pot-holed back streets of America.

Our HEART MOBILE, with its computerized Reflotron machine, screens for high-cholesterol victims and has on board a defibrillator to jump-start a heart in cardiac arrest. A new videotape by nutritionist Carmen Brining shows visitors how to reduce their cholesterol by diet, exercise, and other methods.

Our MAMMOBILE travels into underprivileged areas to offer free screening tests for breast cancer.

Our AIDS MOBILE goes out of its way to offer those who might be innocent carriers free screening tests for the presence of the virus involved in acquired immunodeficiency syndrome.

In return the Society will send you a test kit, Hemoccult II®, the world's leading test for detecting hidden blood in the stool.

The co-sponsor of this program, the AMC Cancer Research Center, will analyze your test kit and notify you of the results free of charge. The AMC is an independent, nonprofit cancer research center whose clinics and laboratories are located in Denver, Colorado.

Almost half of colon-rectal cancers will result in death. When colon-rectal cancer is detected and treated in an early, localized state, the five-year survival rate is 90 percent for colon cancer and 80 percent for rectal cancer. However, once the cancer spreads to other parts of the body, the survival rate drops to 51 percent and 38 percent respectively.

The AMC Cancer Research Center conducts leading edge cancer research as well as major nationwide cancer control programs.

Positive test results do not necessarily mean that you have cancer. This is a test for blood in the stool, not for any specific disease. In fact, only 5 to 10 percent of patients with positive test results have cancer.

Let's say your tests turn out negative. Are you home free? Not exactly. While the test is generally accurate, it is not a complete colon-rectal cancer examination.

Who should take the test? Because colon-rectal cancer increases after age 40 for both men and women, everybody over that age should take the test every year.

Forty or not, what better time than *now* to take this all-important test and participate in the AMC Cancer Research Center's National Colon-Rectal Screening Program? Your gift in any amount will help. And please fill out the card or coupon so we can put your Hemoccult II® test kit in the mail. The life it saves may very well be your own.

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Caper

continued from page 34

counterfeiting, fraud, and embezzlement in eight states having a third of the country's population. More than 85 percent of those arrested for white-collar crimes were prosecuted. Of those, 74 percent were actually convicted. Only 18 percent were incarcerated for more than one year, and the remainder were in prison less than a year or were given probation or other nonprison penalties.

The victims in the RV Kingdom case believe motor-home purchasers should be protected by stiffer state laws, regulations, bonding requirements, and judgments. In their case, the former salesmen easily acquired a $60 Washington state auto dealer's license, purchased a $30,000 surety bond, and through outside financing, filled their rented lot. Bonding, a form of business insurance, should be for a greater amount, insist the victims, and the amount should be based on a percentage of the dealership's inventory. The common cost for the $30,000 bond—hardly enough to compensate the victims—at $10 per $1,000 of coverage, is as little as $300 per year. The $30,000 paid in bond in this case went to a Sandpoint, Idaho, customer, the first person to file a claim for it.

Representatives from the recreational-vehicle industry, however, maintain that tougher laws interfere with private enterprise. They believe the consumer must become more knowledgeable. They point to the legal principle of caveat emptor—"let the buyer beware."

"An alert, informed consumer is the best protection against fraud," states the title page of *Consumer Alert*, a booklet published by the Washington State Office of the Attorney General.

Among tips for the wise buyer are the following:

1. Take time and don't be pressured into buying anything.

2. Don't believe an unbelievable deal. Investigate such offers thoroughly.

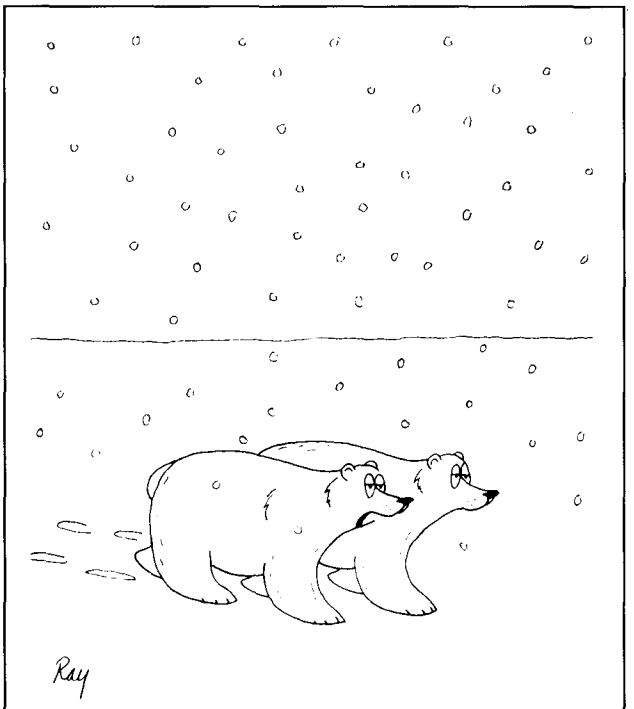
3. Make sure all promises are in writing and that contracts state when and how deposits may be refunded.

4. Read and understand *everything* before signing. There should be no blank spaces on a contract.

5. Use credit buying wisely. Know what it's costing and the consequences of falling behind in payments. Buy only what you can afford.

6. Consult an attorney for major or complex transactions, especially before signing papers or paying money.

7. Find out your rights, as a consumer, under state and federal laws.



"Well, there's an Eskimo family about ten miles from here, but they're a pretty antisocial bunch."

In addition, the consumer should take a more aggressive role in the marketplace. Be prepared to check into the history of the business you will be dealing with, just as it would you, if you were buying on credit.

Your checklist should include calls to the following: the Better Business Bureau, to uncover existing complaints; the consumer division of your state attorney general's office (if a complaint has been made, it will be on file); the department of licensing, which oversees recreational-vehicle businesses; and any consumer-rights advocate affiliated with your local newspaper.

Confirm that the dealer is bonded. Find out if deposits and consignment money are held in a trust account until goods and title are in the consumer's possession. When trading in a used motor home or consigning one with a dealer, *never* leave the signed title with the dealer. It would be more prudent for a third party or the owner's attorney to hold the title until the owner's interests are satisfied.

Finally, ask the prospective dealer to give you names of his recent clientele. From them you can find out about contract fulfillment, service after the sales, and the general reputation of the dealer.

If you have doubts about the deal or the dealer, know whom to go to for help. Good timing, as in the case of Bill and Blanche Lewis, is of the essence.

But perhaps the best advice came from Detective Campbell, who has witnessed the tremendous financial and emotional devastation of fraud victims. "If I were ever fortunate enough to afford a motor home, I would put $100 down and wouldn't pay the rest until I saw the vehicle and the MSO [title] with my own eyes." There was such a twinkle in those eyes. It was apparent that no one would ever get the best of him.

Roller Skating

continued from page 38

Yet for those who love skating, there exists a range of meccas. The oldest roller facility still operating in America is the former Braddock Heights rink in Frederick, Maryland, now called Stargaze Skateways. The small, gable-roofed affair with gingerbread latticework was constructed in 1902. The pacesetter rink is the Bonaventure outside Detroit, housed in a round-cornered cement building (cost to construct in 1977: $1.65 million) that is all Formica, carpet, and plants inside. During the height of the fad, a Los Angeles councilwoman, Pat Russell, engineered a 900-foot skate path along the Venice boardwalk, and open-air enthusiasts swear by the stretch of asphalt.

Still, the best places are those where hokeyness reigns supreme, as

continued on following page

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Are Your Neighbors Drinking Chlorinated Water?

If your neighbors (and you) are like 95% of all other Americans, their water is chlorinated. You can help them . . . and get paid for your effort.

The problem is simple but devastating.

Water used by the average American household for washing, bathing, and drinking is chlorinated. This chlorination poses both short and long term health hazards. But while the sources and exact amount of chlorination are varied and complex, there is a simple solution.

The solution is a special kind of water filter endorsed by *Americans for Clean Water* (ACW), a filter which makes water safe to drink.

ACW has a reputation for product integrity and intelligent business management. One of ACW's most brilliant business decisions was to distribute its product by the network, "person-to-person" method. The ACW product is available for you to buy directly or you can distribute it to your friends and associates.

Briefly, this means that you can increase your income by helping your neighbors (and their friends) get the clean water they need for their health.

3 Important Facts Your Neighbor Needs to Know

1 Virtually all water supplies contain more than just water.

In addition to the pollutants you've heard about through the news media, additives are put into water to make it "better." Chlorine is practically universal and is one of the worst additives. It may combine with naturally occurring organic compounds to form *trihalomethanes* which have been proven to be hazardous to your health.

2 How to get your water clean again.

The ACW bacteriostatic water filter is a counter-top model which easily adapts to your neighbor's kitchen faucet (a push-button valve allows you to by-pass the unit if you do not want filtered water). The actual filtration system is granular activated carbon with silver impregnated carbon (those of you who are already familiar with water filters know both of these are important).

3 It costs nothing to try.

Tell your neighbor to test the ACW filter in their home for one week. ACW's "try before you buy" marketing approach means there is absolutely no risk at all for you or your neighbor.

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"My ACW water filter helps make wonderful coffee and orange juice. It is also good to know there are no harmful chemicals in my water." — Lois Landry, Riverside, CA

"I am so happy I sent for the ACW distributor packet. My neighbors wouldn't be without the ACW filters I sold them. That $9.95 investment for the distributor packet will pay for our family's vacation this year. Thank you from the four of us." — Steve Ebsen, Lewisville, TX

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at the Elm near Chicago. Bill Fuchs built the establishment in 1956, and in the interim he has kept the club just the way he likes it. The George Gobel lookalike (who as a fashion designer created the "zoot suit" in 1940) is at his rink most evenings, catering to the crowd. "I keep saying hello all night" is how he puts it. Fuchs has never installed bright lights, and only when the demand was overpowering did he dispense with the organ music for a couple of nights a week and start spinning top-40 records. To date, Fuchs, now in his early 70s, and his staff have helped 14,114 young women earn the Girl Scout merit badge in roller skating.

The rink at Oaks Park, in Portland, Oregon, sits on the banks of the Willamette River; the floor rides on nearly 500 55-gallon drums so that it can be cut free and saved in case of flooding. Yet what distinguishes the Oaks Park rink, besides its age (it dates from 1905), is its cornball atmosphere. There is a wavy section to scoot over, and the management at Oaks Park loves games, such as Lucky Number or an event in which you mummify your partner with toilet paper.

Oaks Park draws its share of families, and so does Roll-Land, a rink situated in Norwood, a suburb southwest of Boston. "It's like a small town inside here," comments John Maddocks, a partner in the place with his uncle. "We all feel comfortable with one another. For instance, we've had a baby explosion among our customers the last few years, and now you will often see playpens tucked in the corners."

• • •

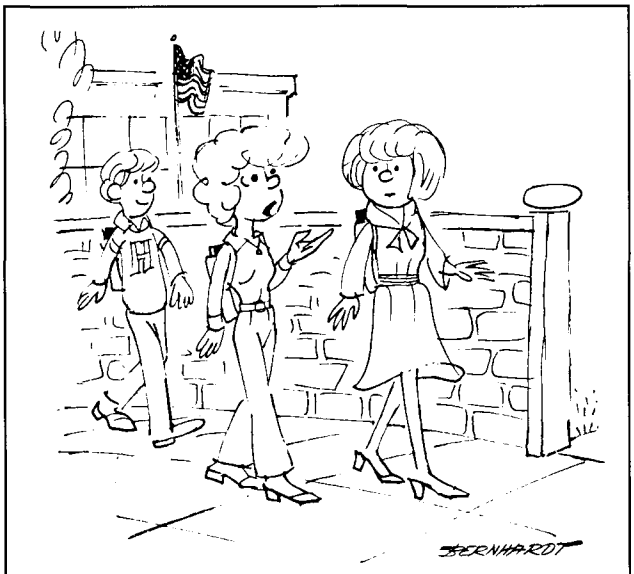
Whether roller skating will soon regain fad proportions remains at issue. "It won't be big again, because there isn't anyone to look up to or copy," says Gloria Nord, now 65 ("most people think I'm 40") and living in retirement in Costa Mesa, California. "The era has passed." What lends some credence to Nord's feeling is the recent inability of many rink operators to secure affordable liability insurance, which has forced some closings.

But other observers, pointing to new factors, predict a return to craze status. Bill Fuchs thinks many baby boomers are raising their offspring with greater care, and when those kids are teenagers, mom-and-apple-pie activities like skating will hold more allure than "the garbage of pornographic movies." The theater has also taken inspiration from skating—at first unsuccessfully (anyone remember a short-lived Liza Minnelli-Chita Rivera musical called *The Rink*, about a fading Atlantic City establishment?), but recently with a bang.

The bang comes with the arrival in this country of *Starlight Express*, the musical by the composer Andrew Lloyd Webber (*Cats, The Phantom of the Opera*). Some years ago Webber was searching for a way to locomote actors in a musical he was fashioning on trains. He and his director, Trevor Nunn, espied roller skaters in New York's Central Park. "Andrew knew he had a way to get his trains moving," reports *Starlight*'s lyricist, Richard Stilgoe. Soon, the cast's 27 players, portraying steam, diesel, and electric trains, were gliding around London's Apollo Victoria Theatre on specially designed tracks strung over three levels.

Starlight, with its rock-music score, opened in London in March 1984 to mixed reviews that proved kind compared to those for its March 1987 debut on Broadway. Frank Rich of the *New York Times* called the musical "a confusing jamboree of piercing noise, routine roller skating, misogyny, and Orwellian special effects." No matter, because *Starlight* collected advance sales of $5.6 million before it even opened. The show quickly went on to reap the largest weekly box-office gross in Broadway history ($606,081 for Easter week 1987); the show is now taking reservations well into late 1988.

Some predict that *Starlight* is resurrecting roller skating. Michael Fraley, the musical's skating coach, regularly "jams" with other cast members to dance-club music at a Long Island rink on Monday evenings, their night off. "Skating's becoming more and more popular in the East and [will] soon, I think, in the rest of the country," Fraley remarks. "*Starlight* has something to do with that—I hear people in the lobby after the show saying, 'I gotta get a pair of skates.' Then they do and find out what fun and good exercise skating is."



"I'd like to talk to my mother about it, but they didn't have sex education when she was a girl."

Madcap

continued from page 49

tunate with their equipment, however. Last spring, just before the MCI Heritage Classic at the Harbour Town links on Hilton Head Island, South Carolina, Zoeller walked into the pro shop and said, "My putter isn't working very well and I need a new one."

Everyone in the shop chuckled. Thanks to the miracle of television, they had watched Zoeller break his putter in half two days earlier on the 18th green at the Masters.

When Crenshaw's iron shot to the 18th hole in one PGA Championship almost went in the cup, he flipped his club up in the air. Forgetting about gravity, Crenshaw didn't duck. The falling club clobbered him in the back of the head. After tapping in the short putt, Crenshaw was rushed to a Toledo hospital, where his noggin was patched with a couple of stitches.

• • •

"Golf can be a strange game," says Lanny Wadkins, who has scored 16 victories on the pressure-packed PGA Tour. "Because of several lucky

continued on following page

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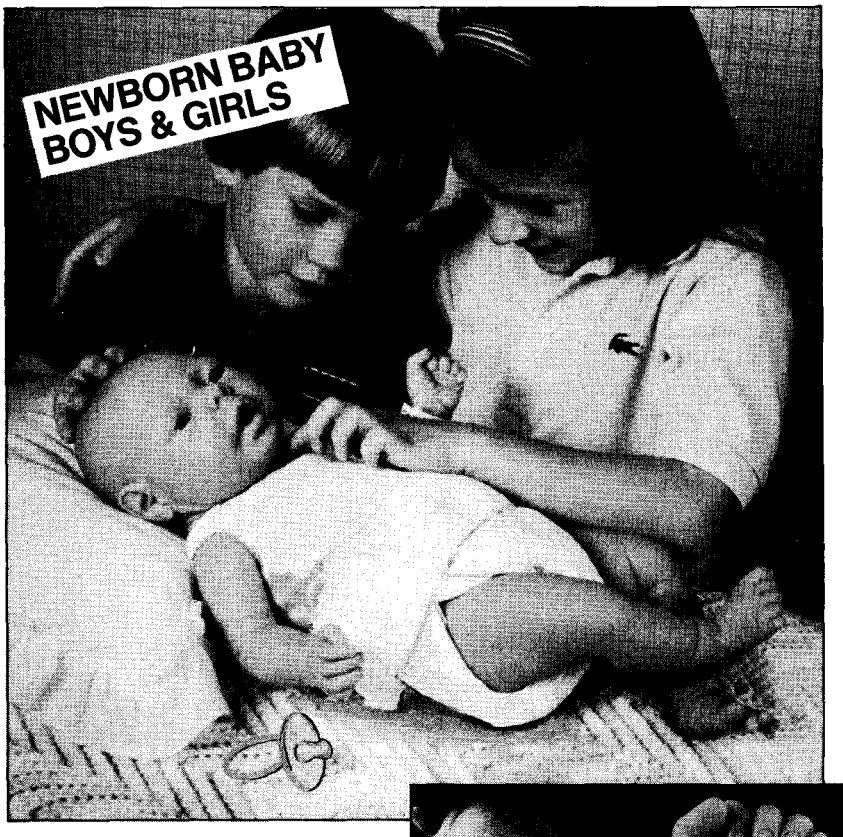

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bounces, I won the $180,000 first prize in the '87 Doral Ryder Open in Miami. But my brother, Bobby, has lost two tournaments in play-offs because his balls bounced the wrong way.

"Lots of amateurs think we're robots who never make a mistake. But let me tell you, some real crazy things happen on the tour."

When it comes to madcap moments, the award may go to a freakish incident in the Hawaiian Open. Jim Simons was preparing to putt when he heard someone yell, "Look out! Run for your life!" Looking up, this veteran pro was astonished to see an airplane trying to land on the 18th fairway. A millisecond later, Simons was running "so fast that my feet never touched the grass."

Miraculously, the pilot made a safe emergency landing. His small plane had experienced engine trouble.

That's when the jokesters took over.

Tournament Director Jack Tuthill ruled that the pilot must "lift, clean, and drop the plane somewhere off the golf course."

Jim Jennett of ABC-TV Sports radioed a PGA Tour official, Jack Stirling. Speaking in a calm, mellifluous voice, Jennett said, "We missed it, Jack. Please ask the pilot to take it back up and come in again so we can film Simons' unusual facial expressions."

Although no other professional sport is so immersed in theory, jargon, quasi-science, and downright seriousness, every duffer can identify with the touring pros, because *anything* can happen on the tour—and usually does.

The Land Beyond

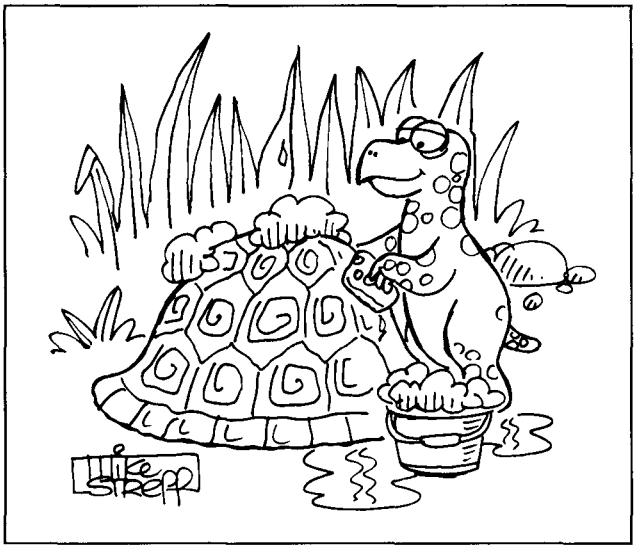
continued from page 28

ficult to keep the gander still for very long. The first tentative warmth of spring and the smell of thawing, damp earth increased intolerably in the stout old heart the hunger for the goose, the spruce-fringed loneliness of northern lakes, and the boundless freedom of the sky.

Deep within him Dan knew he had come to something he would have to settle for himself, and that his real need for the gander was over, but he wouldn't admit it.

One afternoon, catching his mother's wistful glance as he started after the gander toward the millpond, he knew instantly what she was going to say. A terrible revolt arose in him. After so many months it was difficult for him to suppress the premonition of what was to come. After a moment of indecision, he glanced quickly away and began to run. He pounded wildly down the path, leaping the rocks in his way, and, passing the gander, came to the broken wall of the old mill and threw himself down upon it.

Dry-eyed and shivering, he watched the gander come down the path and take to the water. He remembered



vividly the taking and taming of it, the long companionship between them, and the careless, happy days, and he knew he could never give any of it up. And then, suddenly, he heard the distance-mellowed honking coming out of the sky. He looked up and saw the sun and the clouds again, and smiled unconsciously. He saw the gander in the pond below him, his dark head held high and his free wing beating the water, calling as he had never heard him call before. All the pain of his long waiting was in his voice, and all the winter's loneliness; and the boy, moved so powerfully a moment past by his own despair, understood it.

He saw the set wings of the long wedge dropping down, and leaped to his feet. The leaders began to beat upward again; the old gander, prisoned in the pond, cried to them; and then, calling and careless of death, the goose dropped out of her place and came down, passed him close, and settled not far off in the swamp, where he couldn't see her.

The wedge went on, but the gander had forgotten it. Rearing in the water, he was answering the goose; and when she settled, he dashed to the bank and began to struggle through the brush toward her hiding place, fighting desperately with the sticks that caught in the ragged flour sacking and held him back. Their ceaseless calling echoed among the trees, and Dan, catching the note of gladness in it, realized at last that the gander's exile had been infinitely more bitter than his own.

He jumped from the wall, and, running to the gander, began to tear at the flour sacking. They struggled until the gander's free wing knocked Dan down. A moment's lucidity came to him; he got his knife out, and, falling on the bird once more, slit the sacking. The swift surge of power in the gander knocked him back; he saw him running up a fallen tree and the great wings beating, then he was free.

He saw the goose rise to meet the gander. They seemed to touch for an instant in the air. Their clear gabbling came back to him as he watched them rise above the trees, their clean and dusky shapes sharp cut against the sky, close together and diminishing in the direction the wedge had gone.

He stood looking after them, confused and panting, his head still ringing from the wing's blow, and then he saw that his mother had come and was standing not far off.

She held her arms out to him and he went into them. For a few minutes he cried bitterly, for more than the gander had gone from him. "I wanted it to stay, mom," he said, raising his flushed and tearful face. "It seemed like the gander could make it stay. But it can't stay, can it, mom? It can't ever stay."

She stroked his forehead. "No," she said. "Everybody has to find that out. I reckon it was harder for you, Danny, because you were so lonesome." She smiled. "You won't always be so lonesome," she said. "They's a lot of people will be glad to have you in the world."

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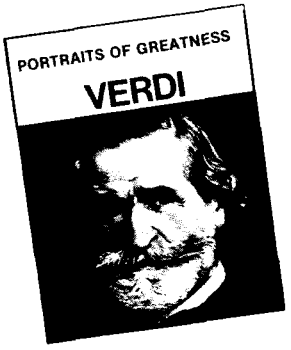

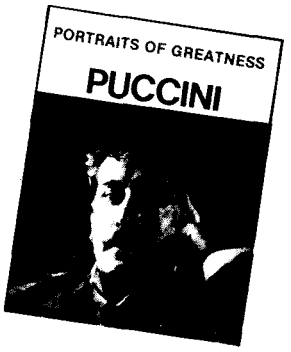

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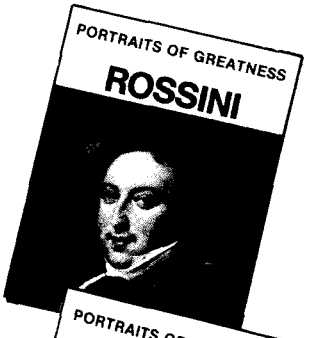

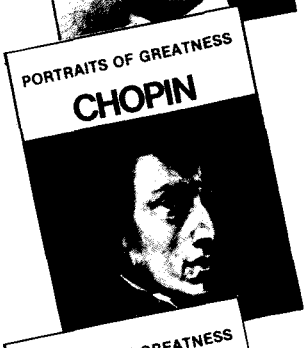

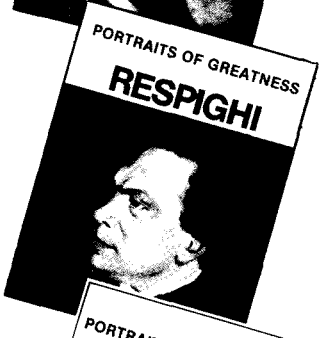

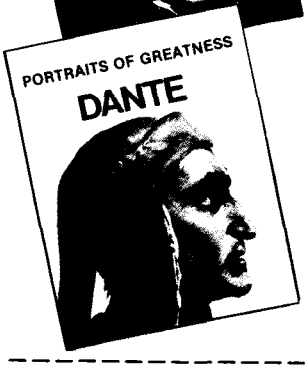

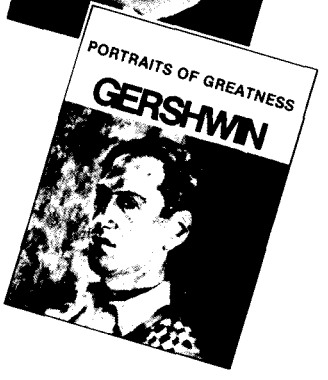

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Controlling Cholesterol

continued from page 86

3. Participation in a moderate exercise program can increase HDL cholesterol in survivors of heart attacks—and may also contribute to lowering their risk for subsequent heart attacks.

4. There's a direct correlation between increasing levels of physical fitness and healthier HDL levels and ratios of total cholesterol/HDL cholesterol.

5. There seems to be a "plateau" effect in terms of how much a person's HDL cholesterol will rise with aerobic exercise.

6. Being physically sedentary may significantly lower a person's HDL cholesterol.

7. As you increase the intensity and duration of your exercise, complex interactions and changes begin to take place in your body.

Among other things, as you lose body weight during exercise, your total cholesterol decreases and your HDL level increases. Also, the pace at which these changes take place depends on a number of factors, such as the levels at which you begin exercise, your age, and the length and intensity of your training.

8. For runners, there may be a threshold, at about eight miles per week, at which an established exercise program will change your cholesterol balance for the better.

9. It's always best to choose aerobic exercise over increased alcohol consumption as a means to raise your HDL levels.

10. Smoking often negates the beneficial rises in HDLs you achieve through exercise.

11. Aerobic exercise may have a more beneficial impact in raising the HDL levels in men than in women.

12. "Power" sports—such as weightlifting, shot-putting, discus throwing, and even sprinting—do not increase HDL levels in blood, and may actually decrease them.

13. There seems to be *no* age limit on the beneficial impact of aerobic exercise in raising HDL levels.

In the final analysis, a moderate amount of aerobic exercise is an essential part of any complete program for overall well-being, high-energy living—and well-balanced cholesterol. If you're not already on such a program, my best advice at this point is to get a medical checkup, and then get started—*today!*

About the author: Kenneth H. Cooper, M.D., M.P.H., received his M.D. degree from the University of Oklahoma School of Medicine, and his M.P.H. degree from the Harvard University School of Public Health. He is the author of Aerobics, *the landmark book that coined that term and started America running. Dr. Cooper is the founder of the Cooper Clinic and the director of the Aerobics Center in Dallas, Texas.*

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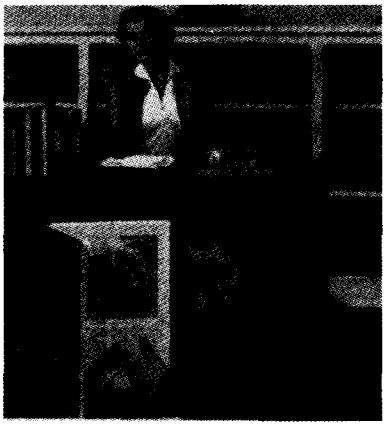

Our congratulations and a check for $100 go to Elinor Ohrn, St. Louis, Missouri, for the winning entry in our November 1987 caption contest.

Said young Tim on demand from Miss Drew,
Why a frog was in History II,
"If I said his name's Vince
And he once was a prince,
Would you think I am phibian too?"

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Heart Attack

continued from page 57

teaching CPR, MEDIC II leaders acknowledge that there is a fatal flaw in their program. While the number of people being taught CPR has steadily increased, the percentage of cardiac-arrest cases in which bystanders started CPR has leveled off at a fairly constant 40 percent in the last few years. This statistic led MEDIC II's leaders to a disturbing conclusion: the people who need CPR most are not learning it!

This conclusion is based on the fact that the average age of people trained through MEDIC II is 33, about equally divided between men and women. But the average profile of a heart-attack victim is a man, aged 64, who is at home. Therefore, the person most likely to need to know CPR is the companion of a 64-year-old man, usually a woman aged 45 or older. These are exactly the people not learning how to administer CPR.

Mr. Smith is a 55-year-old executive in a local Seattle company. When he is home mowing the lawn, he begins having chest pains. His wife suggests he rest until dinner. Suddenly, his wife hears a crash. She discovers her husband lying unconscious on their living-room floor. She calls 911 and the local fire department arrives in 5 minutes. Mr. Smith is rushed to the hospital, but despite vigorous attempts, he cannot be resuscitated. He is declared dead 45 minutes after arrival at the hospital.

Are Doctors Failing Their Patients?

In an attempt to reach women aged 45 and older, and families at high risk for heart attacks, MEDIC II distributed brochures to physicians' offices and put up posters in grocery stores. But MEDIC II discovered that though nearly all doctors strongly believe in the importance and appropriateness of CPR training for the family members of patients at high risk for coronary disease, less than half of all physicians regularly recommend CPR training to these people.

Many reasons are possible for this unhealthy trend. Theories include the possibility that physicians may feel uncomfortable bringing up the subject of possible sudden death for fear it may cause a heart patient's family to suffer undue anxiety and stress.

But whatever the reason, MEDIC II feels physicians must be made a vital link in recommending CPR training to high-risk patients' families. In the meantime, MEDIC II hopes to reach these vitally important women by cooperating with Seattle's Greater Council of Churches to organize CPR training sessions for its congregations. They're also encouraging community clubs with women 45 and older to ask for free CPR training sessions for their members.

Learn How to Be a Hero Today

In the past there was little hope for those struck by sudden cardiac death. But today immediate aid, provided by bystanders and emergency medical equipment, can restore victims of heart attacks to life. However, you cannot help unless you are prepared. Go out and take a CPR course today. And have your emergency-care system phone number taped to your phone. Then, when the emergency happens, as it probably will for most Americans, you will be able to perform the simple actions that will save a life. ✖

On the Road

continued from page 59

manner. The ingenious user-friendly HEART*AID 1000 can talk a nonmedically trained person through the defibrillating process to save a life. It is put on the HEART MOBILE to let those who have had a coronary, or are at risk for a coronary, know that such a piece of equipment exists and can be purchased to be kept in the home or office and used by a companion in an emergency.

You see, even correctly administered CPR doesn't always bring an arrested heart back to pumping again. When it doesn't, professional emergency medical personnel jump-start the heart with a defibrillator. Technology has made possible this new user-friendly computerized defibrillator that brings this sophisticated lifesaving ability into the hands of nonmedically trained persons. It is possible because the HEART*AID 1000 talks one through each step and makes all the decisions for the user.

It would seem that the best interest

continued on page 102

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MEDICAL MAILBOX

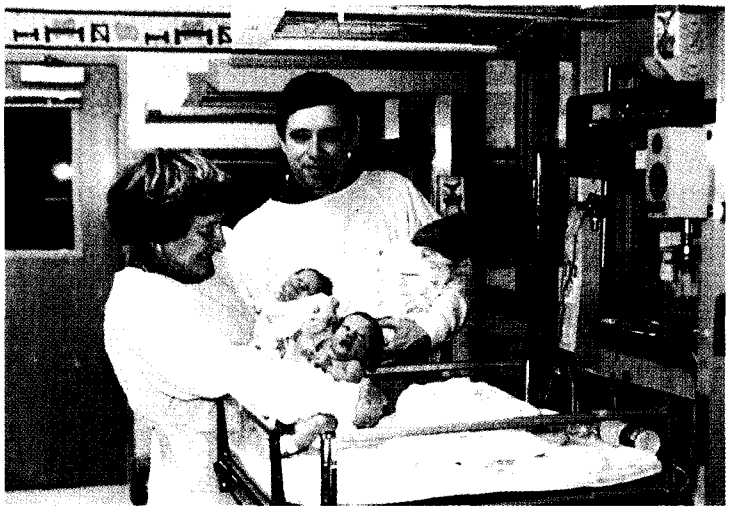
by Cory SerVaas M.D.

Common sense is not so common.—*Voltaire*

Safe Blood

The importance of a safe blood supply was brought home to me recently at a conference in Washington, D.C., when Susan Falvella-Garraty of that city's press corps told me about her father.

"I tried to give blood prior to his surgery but was turned down and told I was being melodramatic," she told me. "The blood he eventually received gave him non-A non-B hepatitis," she said. He was now quite ill. The disease, which can be fatal, has caused more post-transfusion deaths than has AIDS. There is no screening test for detecting non-A non-B hepatitis in donated blood; unfortunately it accounts for more than half of transfusion hepatitis cases.



The SerVaas triplets with sleepy father, Eric, just after their pre-dawn birth. Kyle Beurt, center, developed jaundice soon thereafter. His Rh-negative mother made an exchange blood transfusion a possibility. With great support from his doctor, the blood bank, and Humana Hospital, blood from his relatives was typed and ready.

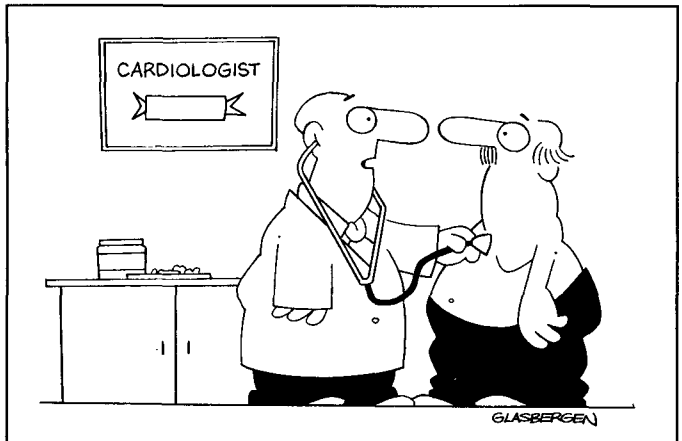
The risk of an exchange blood transfusion in a newly born grandchild brought fear to me and unwillingness to take even the slightest chance that the blood might doom our tiny baby's future.

In the middle of the night the bilirubin of one of the newly arrived SerVaas triplets began going up too fast. He became very jaundiced. His mother, Marcia, is Rh negative; the baby, Kyle Beurt, is Rh positive.

It takes but a few ounces of blood for a newborn's transfusion, but even those few ounces are enough to infect the little one with hepatitis or, less likely, AIDS or even the less prevalent sexually transmitted HTLV-I virus that could cause leukemia or lymphoma up to 20 years later.

Jaundice occurs in babies because the liver is not fully mature. Bilirubin is the by-product of the breakdown of red blood cells. New red blood cells are being created as old ones are destroyed. As the old cells are broken down, a part of the cell known as hemoglobin is changed into a yellowish substance called bilirubin, which is then removed by the liver. Until a baby's liver begins to function fully, bilirubin tends to build up in the baby's bloodstream, causing the skin and the whites of the eyes to become yellow.

For most babies, the jaundice disappears naturally or with phototherapy (treatment under a light of appropriate U.V. wavelengths). In grandmother's day, sunlight helped too. In a potentially serious blood incompatibility, however, the light isn't enough, and the baby's bilirubin level is tested every few hours. This can happen when the mother is Rh negative and the baby is Rh positive and there is a reaction. In these cases preparations are made for emergency exchange blood transfusions to prevent brain damage, which can cause seizures and mental retardation.



"It's nothing serious. You've got a song in your heart."

Taking No Chances

Kyle Beurt's mother was not about to risk one of her triplets—not after nine months of preparing for them. She had in reserve not only her husband Eric's blood but her brother's and her sister's blood as well—all predonated and at the hospital ready for transfusion.

Then a last-minute glitch made it appear that should blood be necessary, none of the predonated blood would be the right blood type for Kyle. No amount of reassurances from the 3-to-11 hospital staff in attendance could make Kyle's grandmother take a chance on our unusually good local supply for this triplet. I'll be forever grateful to Dr. Leonard Boral, who kindly delayed taking his children to McDonald's on Saturday night while emergency laboratory technicians were readied for action

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should the exchange transfusion become necessary. Fortunately, the bilirubin crested at 17, and treatment under the light was enough.

It was believed that little Kyle's reaction was a common, garden-variety newborn jaundice and not the more potentially serious Rh-negative reaction. And was all that predonated blood wasted? Not on your life. Or someone's life, at any rate. The blood was donated to the Central Indiana Regional Blood Center, and the emergency support from Dr. Boral brought vows from all the relatives to become regular blood donors for his establishment. The happy ending.

But what about families who don't happen to be involved in medicine—families like Susan Falvella-Garraty's? What if they can't find a really compassionate blood banker like Dr. Boral? What if it's midnight and their premature baby needs a blood transfusion in order to live? Can I be faulted for thinking that preventive medicine is exciting and the most enjoyable part of health care? Preventive-medicine specialists don't like such assurances as "the risk is only 1 in 100,000." Not for my grandbaby, and not for yours.

Take Action

Readers are urged to go to their local hospitals to predonate blood in the rare event newborns in their families will need transfusions. Very premature babies almost always require transfusions. Obviously no one would donate *unsafe* blood for a loved one. Most of the time the blood won't be needed for the newborn and can be donated to the blood bank for others of the same blood type.

I think that Midwest rural communities and small towns where AIDS and drug addiction are at a minimum could adopt cities—such as New York, Washington, D.C., San Francisco, Los Angeles, and Miami, to name a few. They could send blood there to help people escape the high prevalence of the virus that may still slip through the blood-bank screening because of the "window" period, during which the antibodies are not yet detectable.

Until we can declare war on illicit drugs and bring these "lawless" cities under control, we should mobilize our safer communities to provide blood that will prevent the spread of dreaded sexually transmitted diseases brought about by needle-sharing. Yes, the cities have laws against drugs, but they seem unable to enforce the laws. They now accept this inability to enforce the laws by providing free sterile needles to the addicts to help them break the law with less devastating health results than dirty needles would cause. But they do nothing to prevent the equally disastrous pitfalls of unsafe prostitution practiced to buy illegal drugs for which the clean needles will be used.

An AIDS task-force director from Washington, D.C., told us that FDA guidelines bar persons who have visited prostitutes only within the past six months from donating blood. A few people will necessarily have to die from blood transfusions, we were told, because to defer all potential blood donors who visited prostitutes more than six months ago would mean that some people would die from lack of sufficient blood. Yet only 5 percent of people who *could* donate blood do so.

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A scientifically balanced formulation of nature's own sun-dried leaves, herbs and flowers, Swiss Kriss works smoothly and effectively, in harmony with your body's own digestive rhythm, to bring gentle, overnight relief.

No more harsh pills, mineral oils or synthetic drugs. No more bloating bulks. No more upset stomach. Swiss Kriss makes you feel like yourself again the 100% natural way.

Gentle, thorough, effective... Swiss Kriss.

Available in tablet or tea form at all Drug Stores, Health & Natural Food Stores, G.N.C. Stores, Nutrition Centers or write to us.

The only laxative ever endorsed & recommended by Gayelord Hauser.

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Modern Products, Inc. Milwaukee, WI 53209

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To Avoid Gas, Try Calcium Citrate

Dear Dr. SerVaas:

A couple years ago I was troubled with colitis, and, thanks to the diet I sent for from the Colitis Club, it cleared up as I followed the prescribed diet, eliminating corn sweetener, mannitol, sorbitol, etc., from the foods I ate.

I hope you can respond to a problem that I will explain to you. For several months I have had a feeling of fullness in my stomach and a feeling of pressure against my diaphragm directly below my rib cage to the right of my stomach. About once a week I had been vomiting after eating, sometimes more often. Two months ago I had a complete physical examination, and the doctor told me that I am in excellent health, but he was baffled by these symptoms. He suggested that I keep a log of everything I eat and see if this might indicate what is wrong. At the same time I started keeping the log, I stopped taking my calcium tablets. This I decided to do on my own; the doctor did not suggest this. I had been taking two a day. At once I started to feel better. The feeling of fullness and pressure was gone. I've not vomited since then. I am convinced that nothing I was eating was causing this problem, but rather the calcium.

Please note the ingredients on the label attached. Given my prior problem with colitis, do you agree that some ingredient in this calcium is what was causing the above symptoms?

I am 48 years old and do need to take calcium. Can you please recommend one that might better agree with my digestive system?

Maybe you wonder why I don't ask my doctor this. When he diagnosed my colitis, his diet recommendations did not help me. As I said above, it was the diet I requested from the Colitis Club that helped me. I feel that I would find myself in the same situation in this case.

Mary Lou Yoder
Elkhart, Indiana

Dr. Charles Pak at the University of Texas will be happy to include your letter among the many reports from his own patients who have been relieved of their gas after discontinuing calcium-carbonate supplements. We are sending a copy of your letter to him.

Dr. Pak discovered why the gas forms from calcium carbonate by watching an egg rise to the surface in a bowl of vinegar. The eggshell, containing calcium carbonate, formed hundreds of small gas bubbles on its surface because of its reaction with acid in the vinegar. He stood watching this at the Franklin Institute Science Museum in Philadelphia. Each time a museum visitor would tap the egg, removing the bubbles, it would sink. After more bubbles formed, the egg would lift itself to the surface of the bowl of vinegar. Like Benjamin Franklin, Dr. Pak had a little flash of insight. He concluded that the reason patients had gas from calcium carbonate is because the stomach contains hydrochloric acid and the calcium carbonate forms gas bubbles with it. He was so sure of this that he helped a manufacturer develop a calcium-citrate product for his patients. It worked for his patients. If you can't find it in your local pharmacy, write to us and we will help you obtain it.

"Oh, by all means. You have a perfect right to get a second-rate opinion."

Dozing Disorder

Dear Dr. SerVaas:

I shall appreciate some information concerning my dear sister.

She has a great need. It seems no doctor to whom she has gone has the answer—at least no medication has helped.

She attends church regularly, is the church organist, ministers where there is a need, drinks no alcoholic beverages, and is in her late 60s.

The only time she does not fall asleep is at the organ, but it seems the minute she sits, she falls asleep—even while driving her car, unless she is drinking soft drinks, or "munching." She has run off the road several times and is getting worse!

Please, if you will only tell us to whom we must turn for help, what doctors treat patients with this ailment. No doctor in Amarillo, Texas, or in Clovis or Albuquerque, New Mexico. She even went to the Scott and White Memorial Hospital in Temple, Texas, last summer; even they were no help! One doctor suggested narcolepsy, another said no!

Could this be low blood sugar?

Thanks for your help!

Nancy L. Sells
Tucumcari, New Mexico

We sympathize with you and your sister; you have described a most troublesome condition.

Narcolepsy is certainly a good thought, but it is usually a disease beginning in young adulthood. Although your letter does not indicate when the trouble began, I get the impression it has come on relatively recently. Narcolepsy can be diagnosed by a sleep study.

Sleep apnea, in which poor-quality breathing throughout the sleep phase causes daytime attacks of drowsiness and poor concentration, can cause these problems. This may be due to enlarged adenoids, obesity, or a breathing-center problem.

Other possible causes for such sleep problems include low blood sugar, low thyroid, emphysema, and kidney problems.

I urge you to have your sister see either an internist or a pulmonologist (internist specializing in lung disease). Find someone she trusts with a good community reputation,

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and have patience. Have her work with the doctor by reporting symptoms accurately, keeping a diary of foods, activities, and symptoms, etc. Also, most large cities have a medical center or teaching hospital that would have a sleep laboratory, which could be helpful in this case.

The Eyes Have It

Dear Dr. SerVaas:

Am passing on my own past eye problems regarding "histo" so perhaps it may be of some use to the reader in Indiana. [See December '87 *Post*, page 95.]

You may also be quite interested to know that when I first noticed that my vision was distorted in November 1985, the first ophthalmologist I was referred to by my own medical doctor asked me if I came from the Midwest. I was quite taken back by that question. I stated I was born and raised in Ohio, and that then when the war broke out in 1941, my folks sold the little farm we had and moved here to California, so when I was discharged in 1946 I also decided to settle in Southern California.

Each eye specialist I was sent to afterwards asked the same question. Then a Dr. McNutt in Riverside, California, sent me to Dr. Edgar Thomas at Estelle Doheny Eye Clinic at the University of Southern California. A copy of his letter is enclosed. After I'd gone to his clinic four times and received laser treatments, he took my wife aside and explained how this "histo" affects the body. He explained to her that it is a disease or fungus from a wheat germ carried by pigeons, that it had lain in my lungs these 40-odd years. When I contracted a severe flu and coughed quite a bit it attacked my left eye, causing me to lose sight in that eye.

He also explained that most people are affected by this strange "histo" at a much earlier age (35-40 years) and that I was one of the oldest he had treated—was 59 years of age at that time in November 1985.

Since that time, my first ophthalmologist has kept a regular check on my right eye to see if this fungus has spread to it; thus far it shows no sign of having been infected, but my vision has decreased to 20/30 at the present time, causing me to strain to do any lengthy reading. I hope this will be of some help to your reader in Indiana.

Joseph J. Scanlon
Yucaipa, California

Dear Mr. Scanlon:

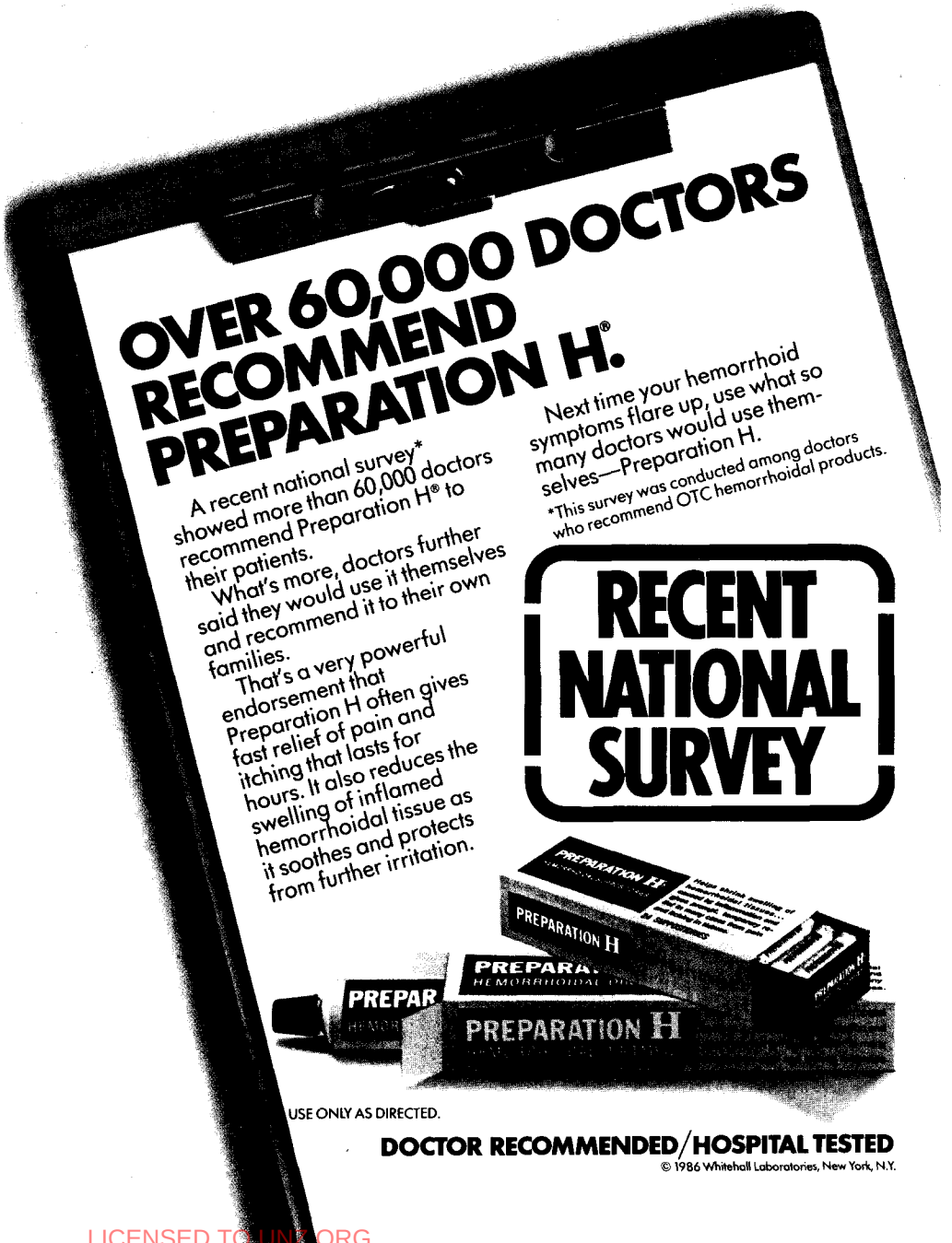
I have followed your case since December 9, 1985, when you presented me with the history of your decreased and distorted vision in the left eye for the past six weeks. I felt that you had the presumed ocular histoplasmosis syndrome involving your left eye.

I referred you to Dr. Edgar Thomas at the University of Southern California, and he treated you for subretinal neovascularization of the left macula with laser on December 27, 1985. Follow-up letters from Dr. Thomas indicate that your vision is now in the 20/300 range in the left eye and that this loss of vision will in all probability be permanent.

I hope that this information will be helpful to you.

LeRoy C. McNutt, M.D.

Thank you for responding to the letter from Bob D. Danyluk of Terre Haute, Indiana (Dec. '87, pg. 95). We're printing your letter and thank you also for permitting us to print the letter from your physician.


OVER 60,000 DOCTORS RECOMMEND PREPARATION H.®
A recent national survey* showed more than 60,000 doctors recommend Preparation H® to their patients.
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On the Road

continued from page 97

of all employees of a company would be served if management would make such a marvelously automated lifesaver available right next to the fire extinguishers in their plant and office buildings. Surely it's as important to keep a life from extinguishing by yelling to the trained laypersons, "Cardiac arrest!" as it is to extinguish flames when someone shouts "Fire!"

Jump-Start

continued from page 61

erly trained, even youngsters can be counted on to administer automatic defibrillation to parents or grandparents. The concern that loved ones would be too panic-stricken to act has been largely disproved. Combined with certain lifestyle changes, home defibrillation can help extend the lives of many at high risk of suffering cardiac arrest.

If you would like to know more about home defibrillation, please write to: The Saturday Evening Post Society, Home Defibrillation, P.O. Box 567, Indianapolis, IN 46206.

All members of the Saturday Evening Post Society who have obtained prescriptions from their doctors qualify for a 15 percent discount on the CRC machine described above.

Speaking Out

continued from page 63

a bisexual and not knowing he carried the AIDS virus.

We realize we can't prevent them all, but we can help. "It's better to light one small candle than to curse the darkness."

An Indiana state senator recently introduced an amendment making it mandatory for marriage-license applicants to be shown a videotape and after the viewing to be offered the AIDS antibody test at various locations—free or for a maximum of $5 each. The amendment passed the Indiana Senate handily—35 to 15.

I wish I could tell you that it survived the House as well, but it met with some unexpected resistance. The duly elected county clerks who would be saddled with the responsibility of showing the videotapes rose up in revolt: "No time to do this, no room to do this in our one-room offices," some said. So the amendment was changed to require the county clerks to provide AIDS literature *or* show the videotapes.

Dr. Brooks Jackson from Minnesota points out that continuously playing videotapes teaching driving laws are present in Minnesota driving license branches, and suggests that perhaps we could find an unobtrusive way to continuously play AIDS premarriage counseling information.

The *Post*'s Premarriage AIDS Counseling tape was prepared for the AIDS MOBILE, for ministers, and for any others who have an opportunity to counsel newly engaged couples. Here is the script:

"Sally, I'd like to talk to you about your attitude."

Planning a wedding is a very special time in life. It is a time when couples are making many decisions for their future together. But would anyone plan on having a baby knowing it would suffer from an incurable disease? This tragedy could happen to you if you are an AIDS carrier. Even if you have dated only the most respected men and women, what you may fail to consider is that even these trusted lovers may at one time or another have had sex with an AIDS-infected person. Even one sexual encounter could have made your future spouse an unknowing carrier of the HIV virus that causes AIDS. Today you'll learn facts about AIDS that you must know to protect yourself, your marriage partner, and your future children from an incurable AIDS infection.

World health authorities believe that AIDS will soon be the leading cause of disease-related death. The only way you can find out if you carry the AIDS virus is by having a blood test.

Who needs an AIDS test before marriage? Anyone who doesn't know the AIDS-antibody status of all of his or her sex partners for the last ten years. Any of your sexual partners from five or even ten years ago could have made you a carrier of this silent virus. It can lie dormant for seven years or longer while you are a carrier. You could spread it through sexual intercourse without knowing it. And surely you wouldn't want to hurt the one you love the most.

The second group that needs to be tested includes anyone who has had a blood transfusion after 1977. You might have been infected with AIDS from an unsuspecting blood donor.

And the last group that needs to be tested is intravenous drug users who have shared needles.

There are an estimated 1 to 1.5 million AIDS carriers in the United States. The trouble is, of those who are infected, an estimated 90 percent don't know they carry the virus.

How can you protect the person you love from AIDS if you don't know you're AIDS-antibody positive? Your first step must be an AIDS-antibody test.

This test is quite simple.

Dr. Brooks Jackson: "It only requires a needle stick in the arm; it only takes three teaspoons full of blood; the cost is minimal, depending if you get it done in a physician's

continued on page 110

WHERE IN THE WORLD?
(Answers from page 76)

A. The Palace of Knossos, near Heraklion, Crete, was excavated in the early part of the century by Sir Arthur Evans. Knossos was the most important city of the ancient Minoans.
B. Waikiki is the resort area on Oahu Island, Hawaii, between Ala Wai Canal and Diamond Head Crater.
C. The Abraham Lincoln Birthplace is a reconstructed log cabin housed within a granite-and-marble structure built in 1911.
D. The Pan Am skyscraper and Grand Central Terminal loom over New York City's Sixth Avenue.

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Old McDonald had a. . .

. . . nightmare.

It's an American tragedy. Family farms are being driven out of business by huge factory farms. And that's not just bad for farmers.

This year in the United States over 800,000 people will suffer *salmonella* food poisoning due to antibiotics in farm animals. The poultry industry admits that over one-third of the chickens that reach the market are contaminated. Veal and other factory farm products have been shown to contain not only *salmonella,* but also a wide range of toxic drug residue.

Half of all the antibiotics sold in the U.S. are now fed to farm animals. This dangerous and irresponsible practice accounts for over $250 million each year for the big drug companies. Factory farms use antibiotics to speed growth and counter the disease-ridden conditions in which they confine farm animals.

Unlike the barnyard images evoked by childhood memories, millions of today's farm animals are forced to live in cages or crates barely larger than their own bodies. Unable to walk, or even turn around, the victims of factory farming exist in a relentless state of sickness and distress.

By depriving farm animals of exercise, fresh air, and wholesome food, factory farms are a breeding ground for disease. To keep the animals alive under such torturous conditions, they are *continually given drugs which are passed on to consumers.*

It doesn't have to be this way. And with your help, it won't be. Please join us.

Campaign Against Factory Farming

YES! Factory farms must be stopped from misusing drugs, abusing farm animals, and destroying America's family farms. Enclosed is my tax-deductible contribution of:

☐ $20 ☐ $50 ☐ $100 ☐ $500 ☐ Other_____

Name_____

Address_____

City/State/Zip_____

A free Consumer Alert pack is available upon request.

THE HUMANE FARMING ASSOCIATION

1550 California Street • Suite 6 • San Francisco, CA 94109

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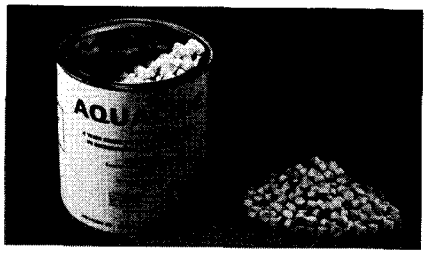

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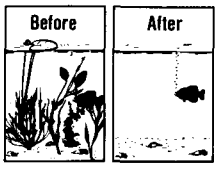
Proven Aquacide pellets destroy unwanted underwater weeds.



Spread marble sized pellets like grass seed, Effectively kills weeds at any depth.

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Our 33rd year.

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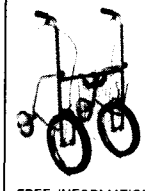

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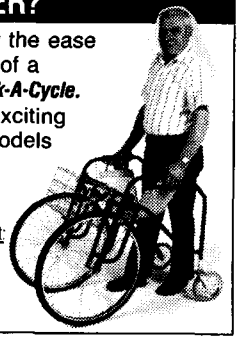

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Oregon, WI 53575

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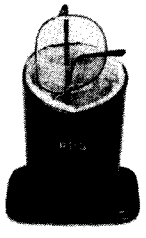
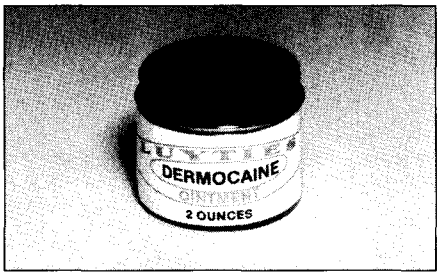


Keep your glasses safe and handy when not in use. Just place them in this unique stand and they will never get misplaced again. Soft fleece lining prevents scratches and cleans the lenses. This stylish leather-like stand looks great on night tables, desks, or dressers. Comes imprinted with your initials. **Only $8.95.** Add $2.40 for shipping, handling, insurance. **Satisfaction guaranteed or money refunded. Send $1.00 for our beautiful gift catalog. Francis George (Dept. P), 7101 Shore Road, Brooklyn, NY 11209.**

Post Sampler

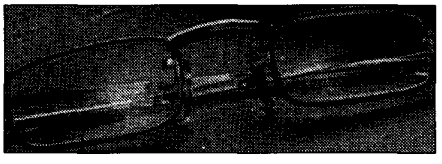
Dermocaine Ointment

Used for relief of pain and itching in skin lesions and to promote healing.



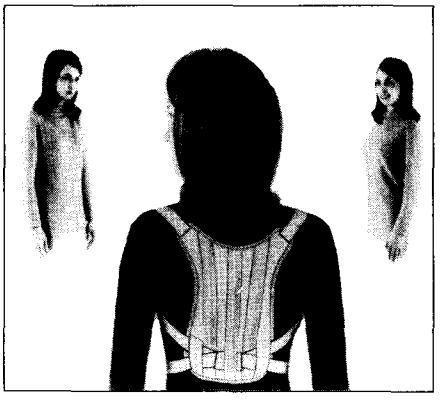
Safe for diapers; effective for dermatitis. Contains no hydrocortisone. Two-ounce jar, $3.75 plus $2.00 postage & handling. VISA and MasterCard. Luyties Pharmacal Co., 4200 Laclede Avenue, P.O. Box 8080, St. Louis, MO 63108.

Magnifying Glasses



Change tiny print into large, sharp print! Everything becomes 2½ times the size and gives you a stylish look at a low price. Comes complete with a convenient slip-on pocket case 5″ long. $9.98 + $1.00 p&h. 30-day money-back guarantee. Rush Inc., Dept. MG83HA, 75 Albertson Avenue, Albertson, NY 11507.

Shoulder brace

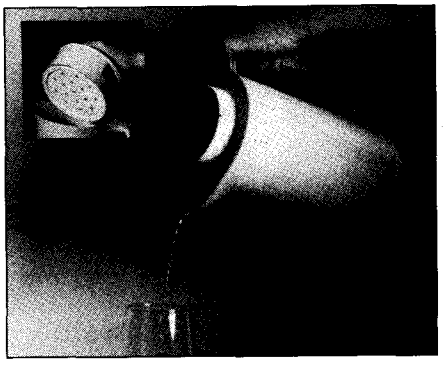


Made of cotton, tricot, and foam; machine washable. Men measure around chest, women under bust. Small (28-32), medium (34-36), medium large (38-40), large (42-44). Made in USA. $10.95 plus $1.75 p&h. Piper Brace Company, 811 Wyandotte St., P.O. Box 807, Kansas City, MO 64141. Dept. SE427SH. VISA & MC.

Hand-smocked bodice

Yellow, lavender, peach, white, lt. blue. Petites' (5′4″ & under): XS to L. Misses': S to XL. Women's: 2X(42-44), 3X(46-48). $17.99 ea.; 2/$33.98. Add $2.50 p&h (one), $3.50 (two). Money-back guarantee. Major credit cards. Shopping International, Dept. BAF3A, 3740 E. 34th St., Tucson, AZ 85713-5305.

Pure-water pitcher



Fill 2¼-quart pitcher with cloudy tap water and pour out mountain-fresh spring water. Built-in filter in cap purifies 300 gallons of water! End the expense of lugging home bottled spring water. $14.95 plus $2 shpg. Extra filter only $4.95. Holst, Inc., Dept. SPP-488, 1118 W. Lake, Box 370, Tawas City, MI 48764.

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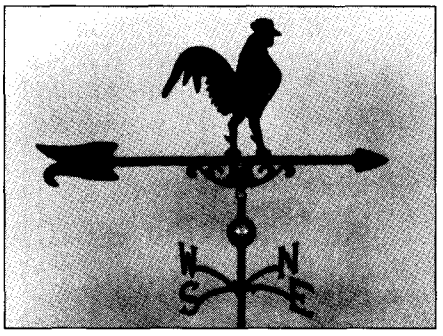
Rooster weather vane

This crowing-rooster weather vane will add the finishing touch to your



home or garage. Made of rust-free aluminum with baked vinyl coating. Arrow is 23″ long; support is 27″ high. $16.95 plus $3.00 postage. Order from Holst, Inc., Dept. SPV-488, 1118 West Lake, Box 370, Tawas City, MI 48764.

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Laboratory tested and proven effective in increasing hair thickness and correcting split ends in just five-seven days. Order today. Long n' Strong lotion formula only $5.98. Three bottles, $14.98. Money-back guarantee. Send to: Rush Industries, Inc., Dept. #KR83HA, 75 Albertson Avenue, Albertson, NY 11507.

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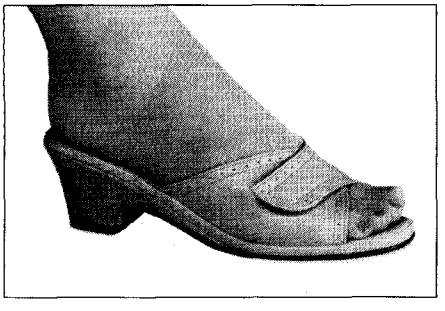
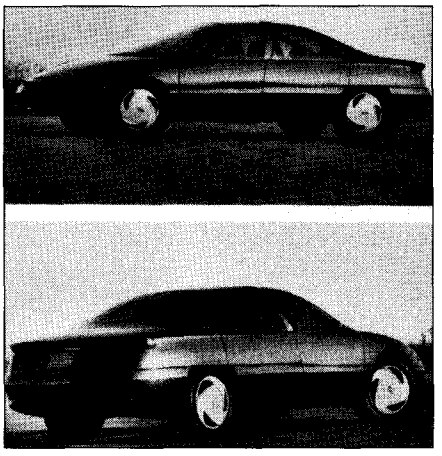


navy, black, red, tan. Wide range of full and half sizes. $15.99 (reg. $19.99), 2 pr./$29.98. Add $2.50 p&h (one pr.), $3.50 (two). Money-back guarantee. Major credit cards. Old Pueblo Traders, Dept. EGZ1C, 3740 E. 34th St., Tucson, AZ 85713-5305.

Chevrolet Venture



Venture has the features and performance of a hot sport coupe, the utility of a four-door family sedan, and striking visual appeal. It features Corvette-inspired cockpit styling and improved fuel economy. Chevrolet Motor Div., Public Relations Dept., 3000 Van Dyke Ave., Warren, MI 48090.

Good-humor country T-shirts

They'll laugh both ways. Face forward, see the front of a deer, cow, pig, or horse; turn your back for the "back-side" view. 50-50 poly/cotton. Adult sizes 34-46; youth sizes 2-16 (specify). Adults $8.95; youth $6.95. Add $1.85 postage. Holst, Inc., Dept. SPT-488, 1118 W. Lake, Box 370, Tawas City, MI 48764.

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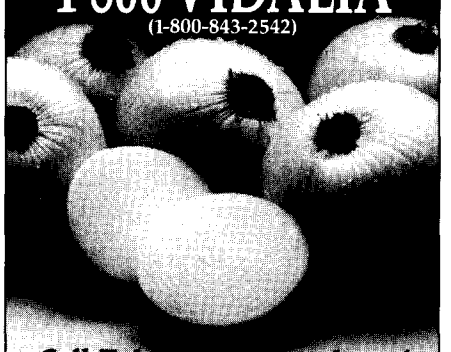

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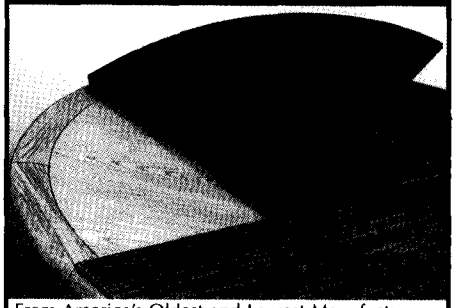

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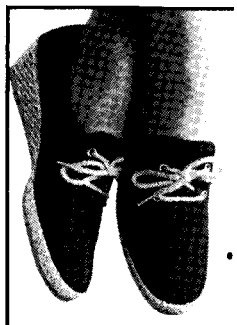

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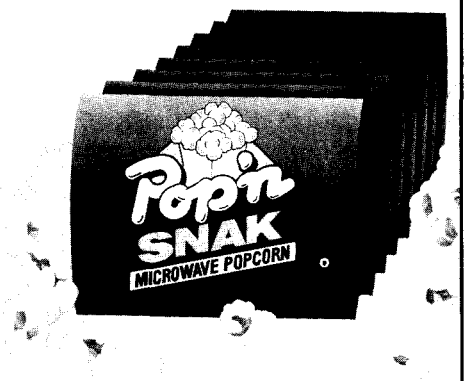

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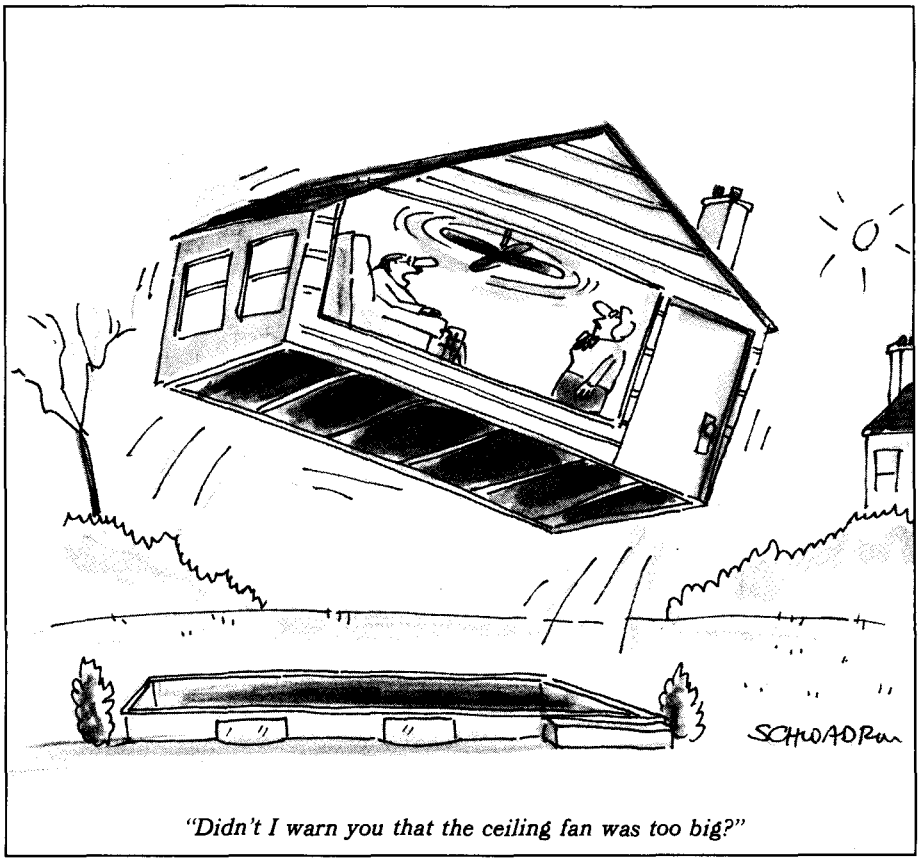

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Lamb

continued from page 22

Heat peppered oil over high heat until just shy of smoking. In food processor, process anchovies, garlic, and up to 1 tablespoon olive oil. Add garlic-anchovy mixture and sauté, stirring madly, until garlic is golden brown. Add spinach and toss well and continuously. Taste for seasoning and adjust if necessary. Serve immediately under grilled lamb medallions.

For each tasting-size serving, place two medallions atop generous spoonful of seasoned spinach.

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Speaking Out

continued from page 102

office or at one of the free AIDS-testing centers. The turn-around time is from two days to two weeks."

Dr. J. Brooks Jackson from the Red Cross Blood Center in St. Paul, Minnesota, has seen thousands of people get the AIDS-antibody test.

Dr. Jackson: "I recommend anybody worried about AIDS, even in the slightest, no matter how low their risk factor, get tested because it's simple and low-cost and easy to get."

Dr. Robert Redfield, who has worked extensively with the U.S. Army's testing program, explains why the quicker you have an AIDS test, the better you can protect your spouse.

Dr. Redfield: "The earlier you find out you're infected the better. The other benefit is one to the people who argue, 'Well I don't want to know if I'm infected with the AIDS virus now because I'm in a monogamous relationship, and if I was going to infect someone, I've already infected them.' We now know, as we begin to understand the way this virus interacts with the human being, that as the individual gets sicker and as the T cells go down, the ability to transmit the virus to your partner goes up. Most Americans infected with the AIDS virus today unfortunately don't know they're infected. Probably 95 to 99 percent don't know it. They're less infectious today than they will be tomorrow, and they don't know it. They really are being denied the opportunity to know and are being forced to continue to transmit this virus in ignorance, in spite of their ability to eliminate the transmission."

Dr. Redfield stresses that there are things doctors can do that will delay the deadly progression of the disease.

Dr. Redfield: "Now, I, as a doctor, can't *cure* the AIDS virus, but I also can't *cure* heart disease, diabetes, or hypertension, and yet I treat patients with heart disease, diabetes, and hypertension. Just like that, I can't cure the AIDS virus but I can treat it. I can optimize your care if I know you're infected. I can even give you an opportunity to know what your illness is doing over time rather than leave you in a great degree of uncertainty. If you can tolerate the drugs, I can prevent the leading cause of death, pneumocystis pneumonia, but I can't if I don't know you're infected with the AIDS virus and that you're now at risk for pneumocystis pneumonia. And now I have AZT therapy that I can give you to prolong your life and quality of life once your T cells are less than 200, but I can't do that unless I *know* that you're infected and that your T cells *are* less than 200."

AIDS testing is also an important factor when couples are planning to have children. Dr. Jim Curran, the director of the AIDS program at the Centers for Disease Control, warns that women who carry the AIDS virus face two grave risks from pregnancy.

Dr. Curran: "There's dual concern here. Some preliminary information suggests that women who are infected with the AIDS virus are more likely to become sick themselves if they become pregnant. Pregnancy itself is suppressive to the immune system. You sort of have a dual shot when you have the AIDS virus, plus pregnancy. The second concern—the concern that all of us have—is that women may transmit the virus in utero or maybe at the time of birth to the infant."

What are the chances that they will transmit it?

Dr. Curran: "The data are not complete on that, but available information would suggest that about 20 to 65 percent of babies born to infected mothers are infected themselves."

Dr. Curran offers a practical solution to women who want to make sure that they avoid the tragic consequences of pregnancy and AIDS.

Dr. Curran: "All women at increased risk of HIV infection or who have sexual contact with people at increased risk should be voluntarily counseled and tested for the virus. If they are not pregnant they should be strongly advised to consider avoiding pregnancy. I think now that we know even more about pediatric AIDS and the very high risk of infection to the newborn from the pregnant woman, we can change the words 'consider avoiding pregnancy' to 'very, very, very strongly consider avoiding pregnancy,' because pediatric AIDS is a horrible disease. Often the mother herself will have a terminal illness, and the child will wind up parentless even if he or she does not become infected."

Dr. Beny Primm, a member of the President's national AIDS commission, stresses that once people know they carry the AIDS virus they can

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begin to practice certain behaviors that will prevent them from developing a full-blown case of AIDS.

Primm: "I tell them that they must stop smoking, stop drinking, stop taking drugs of any kind, get proper rest, and eat a proper diet. I also tell them to get a lot of exercise, get some sunshine, and certainly practice everything good in terms of hygiene so that they don't expose themselves to any infectious process unnecessarily. If they follow that, I think they can live for a very long time being infected with the virus and perhaps have a long-lasting life. They may remain among the 60 or 70 percent of people who are positive for the antibody, but don't develop AIDS."

The benefits of having an AIDS-antibody test before marriage are many:

1. You can take the steps necessary to avoid infecting your husband or wife.
2. You can make lifestyle changes that will strengthen your body's resistance to the AIDS disease.
3. You can prevent another innocent baby from paying an awful price: needless suffering from incurable AIDS. If you take the precaution of being tested before taking on the responsibility of marriage, this cruel catastrophe from your union could be avoided.

Should you be worried that your AIDS test will come out positive even though you don't really carry the virus?

If you are ever told your test is AIDS-antibody positive, the first thing you should ask the person who tells you is:

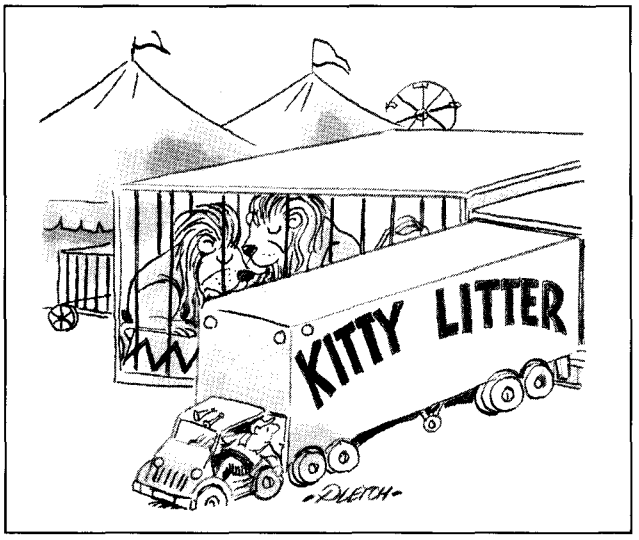
Was my serum also tested by the confirmatory Western blot test? If you didn't have the confirmatory test, you shouldn't have been told you were positive.

Jackson: "We tested over 600,000 samples representing donations from 250,000 people and we found not one false-positive result."

If you have even the slightest risk of exposure to the virus that causes AIDS, before you walk down the aisle, you should first walk out and be tested for AIDS. The test is simple and easy, and it could very well save your life or the life of the baby that you might bring into the world—the baby who depends upon you for protection and loving care.

Once you know you are safe from any risk for AIDS, donate blood to the Red Cross blood bank or the blood bank nearest you. Giving blood to the Red Cross or to your independent blood bank may be one of the most important contributions you will ever make—the gift of life! Dick Schubert, the president of the American Red Cross, explains.

Schubert: "My sense from speaking to volunteers across the country is that volunteer involvement is possibly the most exciting, rewarding part of their lives. They have become involved because they want to give of themselves.



They find in an organization like the Red Cross the opportunity to reach out to desperately needy people and to realize that they are change agents; they're making a difference. So my guess is that if you had interviews with the great majority of the 1.5 million American Red Cross volunteers, you'd find very satisfied, very excited people."

Yes, here comes the bride. And here come the wedding vows to take your betrothed loved one for better or for worse. With a simple AIDS-antibody test before the wedding, that "worst" will not include the AIDS virus.

Best wishes for a long and fruitful marriage.

Society members may write for information about obtaining copies of the tapes for the use of ministers or others who counsel young people about to be married.

Vets on Pets

continued from page 16

and fell. After a trip to the emergency veterinary clinic, X-rays, and surgery for his broken leg, Stubby came home. My free cat is now worth $350. I have read about cats falling from tall buildings and not breaking a bone. Is Stubby clumsy or just unlucky?

Amelia Martinas
San Antonio, Texas

Dear Amelia,

The Animal Medical Center in New York studied 132 consecutive cases of cats falling from windows on tall buildings. They determined that a cat will reach terminal velocity after falling five floors. Cats falling *less* than five floors fall at a slower speed; cats that fall *more* than nine floors slow to free fall after reaching terminal velocity. At free fall, cats are (comparatively) more relaxed, and they change their position to better absorb the shock of impact.

Poor Stubby is unfortunate to have suffered a broken leg—the record-holding High-Rise Cat fell 32 floors, suffered no broken bones, and stayed in the hospital only 48 hours.

H.E.W.

Dear Dr. Whiteley,

In the article on pet allergies, you mention investing in an industrial-size air purifier. What kind would you recommend, and where would you get an industrial-size air purifier?

Kathryn Stevens
Coalmont, Tennessee

Dear Kathryn,

My local heating- and air-conditioning-supply company stocks a brand of air filter called Space-Gard, marketed by Research Products Corporation. This air filter attaches to the furnace and costs $150. I recommend that you call your plumber or heating-supply company to check brands and prices. Best wishes for allergy relief!

H.E.W.

Send your questions for the vet to: Vets on Pets, *The Saturday Evening Post*, 1100 Waterway Blvd., Indianapolis, IN 46202. Because of the volume of response, the editors regret we cannot reply personally to all letters.

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MONEY TALK

ANSWERING YOUR TAX QUESTIONS

by Venita VanCaspel

Q. The new tax form has a line for the "standard deduction." Is this a benefit of the new tax law?

A. Not really; it's a change in the mechanics of calculating your taxes. In 1986 and prior, the IRS tax tables contained a built-in threshold of taxation that was called the "zero bracket amount," or the amount below which no tax was due. The 1987 tables don't have this ZBA built in, so you must subtract your itemized deductions or your standard deduction to arrive at a taxable income. If you are married and file jointly with your spouse, your standard deduction for 1987 is $3,760. Unless your itemized (Schedule A) deductions exceed this amount, this is your "allowance" for arriving at taxable income.

"What do you mean you've been thinking about getting someone else to collect your taxes?"

Q. I retired in 1987, and I elected to take my accrued benefits in the pension and profit-sharing plans of my employer as a lump sum. How is this taxed?

A. I suggest that you see a competent tax adviser for guidance in your specific case. Assuming that the benefit plan had been in existence for ten years, and that you had been a participant for five years, and that you were at least 59½ years of age, your lump-sum distribution from qualified benefit plans will be subject to tax at a special 5-year averaging (or 10-year averaging) rate.

If you had been my client, under 70, and did not need to immediately use these funds, I would have asked you to consider another option—an IRA rollover. If you had rolled your distribution over within 60 days, no tax would have been due until you began withdrawing your funds. The remaining funds would have compounded tax deferred.

Q. I am self-employed and understand I can establish a retirement program called a Keogh plan. How much can I contribute, and how do I go about setting up a plan?

A. Yes, you can establish a Keogh plan, which is a special retirement plan available to the self-employed. (Under the new rules it is very similar to a corporate retirement plan.) Even if you have a regular job and earn self-employment income from a side job or from a freelance project, these earnings are self-employment income; they can be considered for a Keogh contribution. However, unless you set up your plan before December 31, 1987, you cannot make a contribution for 1987. If you had established your plan in 1987, you have until you file your tax return (including any extensions) to make your contribution. If you have a defined-benefit Keogh or money-purchase Keogh, you must make the contribution by September 15, 1988.

Defined-contribution plans allow you to contribute and deduct from your adjusted gross income 20 percent (25 percent minus your contribution) of your self-employment income up to $30,000.

Q. I missed the December 31, 1987, deadline for a Keogh plan. Is there any kind of retirement plan that I can still establish?

A. Yes, you could establish a Simplified Employee Plan (called SEP). Those plans are similar to Keogh, but you can open them anytime until April 15, 1988, even if you didn't make a contribution or start the plan in 1987. The amount you can contribute is the same as most Keoghs.

Q. I loaned some money to a distant relative who has become so distant since the repayment deadline that I am unable to locate him. Can I write him off on my taxes?

A. You may have sustained a nonbusiness bad debt, deductible as a short-term capital loss. You must be prepared to prove that the debt was entirely uncollectible in the year that you claim the loss. You may also want to review Polonius' advice to his children: ". . . neither a borrower nor a lender be . . . ."

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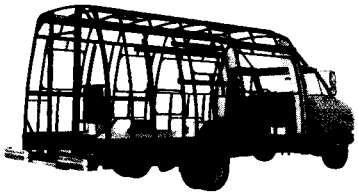

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